Safeguarding Adults Procedures

Multi-Agency Procedures for the Protection of Adults with Care and Support Needs in Bournemouth, Christchurch, Poole & Dorset

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Target audience:	All individuals and organisations across Dorset, Bournemouth, Christchurch and Poole involved in supporting and safeguarding adults at risk of harm.
Procedures should be read alongside:	Guidance on Multi-agency Risk Management (MARM) (for BCP Council & Dorset Council) Adult Safeguarding Policy (for BCP Council & Dorset Council) Transitional Safeguarding Position Statement

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Contact Details

Bournemouth, Christchurch & Poole Council

In Bournemouth, Christchurch and Poole contact the Adult Social Care Contact Centre 01202 123654 asc.contactcentre@bcpcouncil.gov.uk

Out of Hours - Social Services
Evenings and Weekends: ☎ 0300 1239895

BCP Council website contains information regarding Safeguarding Adults Adult social care and health | BCP (bcpcouncil.gov.uk)

Dorset Council:

In the Dorset Council area contact

Adult Access ☎ 01305 858250, email adultaccess@dorsetcouncil.gov.uk

Out of Hours - Social Services
Evenings and Weekends: ☎ 01305 858250

Dorset Council website contains information regarding Safeguarding Adults Care and support for adults - Dorset Council

Introduction

These Procedures have been produced collaboratively with members of the Dorset & Bournemouth, Christchurch and Poole Safeguarding Adults Board (DBCPSAB).

Dorset Council (DC) and Bournemouth, Christchurch & Poole Council (BCP) are the key statutory partners who have a duty under Section 42 of the Care Act 2014 to undertake Enquiries when certain criteria are met; however, all DBCPSAB partner agencies are committed to adhering to these procedures.

A Glossary of all the Terms used in these Procedures can be found at Appendix 1.

Note: consistent with Ch. 14 of the Care Act Statutory Guidance the term "adult" is to refer to the adult who is experiencing or is at risk of abuse or neglect. Where a more generic term is needed and/ or the reference is not specific to the adult the Procedures refer to a person or people.

The term "professional" will be used to describe all partner agency's staff members; specific professions may be referred to where relevant i.e. Social Worker, Nurse, Doctor, Police officer.

Professionals are governed by the Safeguarding principles in the Care Act 2014, to ensure that adults who are at risk of abuse, harm, neglect and exploitation have help and support in a way that is sensitive to their individual circumstances, is person centred, and outcome focused.

The key principles which will inform the ways in which professionals work with adults are as follows:

- Empowerment: people being supported and encouraged to make their own decisions, presumption of person led decisions and informed consent.
- Prevention: wherever possible the aim will be to act before harm occurs and ensure early engagement with all relevant people.
- Proportionate: response appropriate to the risk presented; least intrusive response where possible
- Protection: support and representation for those in greatest need.
- Partnership: local solutions through services working with the adult's communities. Ensure engagement with local communities to prevent, detect and report abuse.
- Accountability: transparency in delivering safeguarding and of a quality that is worthy of scrutiny, i.e. the Courts or Peer Reviews

'Wellbeing' principle

The Care Act (2014) introduces a duty to promote wellbeing when carrying out any care and support functions in respect of an adult. This is sometimes referred to as "the wellbeing principle" because it is a guiding principle that puts wellbeing at the heart of care and support.

The wellbeing principle applies whether carrying out care and support functions or safeguarding. It applies to adults with care and support needs and their informal carers. "Wellbeing" is a broad concept, and particularly relates to the following areas:

- personal dignity/ being respectful.
- physical and mental health and emotional wellbeing.
- protection from abuse and neglect.
- the adult's control over day-to-day life (including care and support and the way it is provided).
- participation in work, education, training or recreation.

- social and economic well-being.
- domestic, family and personal relationships.
- suitability of living accommodation.
- the adult's contribution to society.

Promoting "wellbeing" means actively seeking improvements, for the adult with care and support needs (regardless of whether they have eligible needs or not) and informal carers. This approach informs planning of care, delivery of universal services and strategic planning. All professionals should assume that adults are best placed to judge their own wellbeing and be respectful of their individual views, beliefs, feelings and wishes, unless there are reasons to doubt this (see Appendix 15). If it appears the adult may lack capacity to make decisions about their care and support needs, it may be necessary to consider making a best interest decision.

Promoting wellbeing should always be considered when responding to safeguarding concerns. Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect and the purpose of this document is to guide individuals and organisations to identify and respond appropriately when adults may be at risk of harm, abuse, or self-neglect.

Local Authority Safeguarding services will promote wellbeing not only in these circumstances but through offering advice and guidance to organisations whose practices could lead to harm and therefore prevent it.

Safeguarding is not simply concerned with responding to what has gone wrong but trying to predict risk. The member agencies of the DBCPSAB recognise this. They are keen for any professional working with an adult who appears to be at risk of harm or abuse, to bring agencies together to mitigate that risk, through the formal Multi-Agency Risk Management (MARM) process MARM Guidance which is endorsed by the SAB and is available on the SAB websites.

More generally the Statutory Guidance (2020) issued under the Care Act (2014) requires a SAB to develop preventative measures to reduce the incidence of harm across their area and the DBCPSAB's strategy encourages all agencies to take steps that will help prevent harm arising.

Definitions

Criteria

These Procedures apply where the Local Authorities respond to safeguarding concerns and/ or make enquiries or require others to do so on their behalf if they reasonably suspect an adult meets the following criteria:

1. Has needs for care and support (whether or not the Local Authority is meeting any of these needs) and
2. Is experiencing, or at risk of, abuse or neglect; and
3. As a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

The DBCPSAB support the definitions and clarity that can be found in Understanding what constitutes a safeguarding concern and how to support effective outcomes (local.gov.uk) (September 2020), which outlines how organisations should fulfil their responsibilities under Section 42 (1). if they respond to points one and two above, whilst a judgement will need to be made about the third point, this may well be an outcome of the local authority's information gathering or statutory enquiry about the information/ allegation. In other words, it will not necessarily be possible to determine this factor at the time the concern is reported and if it is 'reasonable to suspect' that an adult is unable to protect themselves, an Enquiry may proceed.

When determining whether an adult has care and support needs, it is important to consider needs that relate to their physical and mental health and cultural and spiritual preferences. (See

Appendix 1). Support needs may not be obvious, for example, an adult may have experienced trauma in their life which has an impact on how easy they will find it to trust and engage with professionals. This dynamic may also affect their ability to make decisions or carry out activities (See Appendices 1, 7, 14 & 15).

These Procedures define harm as:

- A single act or repeated acts
- An act of neglect or a failure to act
- Multiple acts, for example, an adult may be neglected and be financially harmed
- Self-neglect (see also Appendix 2)

This can mean:

- Ill-treatment (including sexual harm and forms of ill-treatment which are not physical).
- The impact of not providing care, providing inappropriate care or other actions which are detrimental to health, wellbeing, maintaining independence and choice
- The impairment of, or an avoidable deterioration in physical or mental health and/or
- The impairment of physical, intellectual, emotional, social or behavioural development.
- Allegations against people in positions of trust (see Appendix 1 and Appendix 18)

Intent is not an issue at the point of deciding whether an act or a failure to act is harm; it is the impact of the act on the adult and the harm or risk of harm to that adult. Harm can take place anywhere.

Harmful acts may also be crimes and informing the Police must be a priority consideration as part of any immediate actions at point of disclosure.

Categories of Harm

Physical abuse
including assault, hitting, slapping, pushing, misuse of medication (including covert use of medication), restraint or inappropriate physical sanctions.

Domestic violence and abuse
The cross-government definition of domestic violence and abuse is:
any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to:

- Psychological
- physical
- sexual
- financial
- emotional

- **Controlling Behaviour**
  Controlling behaviour is a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacity for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

- **Coercive Behaviour**
  Coercive behaviour is an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.

  Controlling or coercive behaviour may not meet the definition of domestic abuse. It can be a type of harm present in other relationships with non-intimate contacts or professionals. For example, cuckooing or a person in a position of trust (see Appendix 1 and Appendix 18).

Sexual abuse
Including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting or does not have the mental capacity to consent.

Sexual exploitation
The term "sexual exploitation" means any actual or attempted abuse of a position of vulnerability, differential power, or trust, for sexual purposes, including, but not limited to, profiting monetarily, socially or politically from the sexual exploitation of another. It may be very important in specific cases to be clear about the context in which concerns about sexual exploitation arise. Some adults may have been groomed as children or young people. Others may be engaged as sex workers so are at risk because they are threatened or coerced, have drug dependencies and/or mental health needs. Adults with learning disabilities may be vulnerable/ susceptible to sexual exploitation, which may masquerade as an offer of friendship. (See BCP Safeguarding Adults Board website for detailed report from September 2016). *See also Appendix 1 Glossary on Mate Crime*

Psychological abuse
Including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.

Financial or material abuse
including theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection with Wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits and deprivation of assets.

Modern Slavery
Includes human trafficking, forced labour and debt bondage, sexual exploitation, criminal exploitation, domestic servitude, descent-based slavery, child labour and slavery in supply chains. The impact on the adult needs to be considered when determining whether the Section 42(1) criteria are met, e.g. impact on their mental health.

Human Trafficking
- The definition of human trafficking is the illegal movement of people through force, fraud or deception with the intention of exploiting them, typically for the purposes of forced labour or sexual exploitation.
- Men, women, and children are forced into a situation through the use (or threat) of violence, deception or coercion. Victims may enter the UK legally, on forged documentation or secretly under forced hiding, or they may even be a UK citizen living in the UK who is then trafficked within the country. It should not be confused with people smuggling, where the person has the freedom of movement upon arrival in the UK.
- There is no 'typical' victim of human trafficking and modern slavery. Victims can be men, women and children of all ages, ethnicities, nationalities, and backgrounds. It can however be more prevalent amongst the most vulnerable members of society, and within minority or socially excluded groups.

Discriminatory abuse
including forms of harassment, slurs or similar treatment because of race, gender and gender identity, age, disability, sexual orientation, or religion. (See Equality Act under Appendix 1).

Organisational abuse
Including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in an adult's own home. This may be a one-off incident or ongoing ill-treatment. It can refer to neglect or poor professional

practice because of the structure, policies, processes, and practices within an organisation including corporate neglect.

Neglect and acts of omission
Includes ignoring medical, emotional, or physical care needs, failure to provide access to appropriate health, care and support or educational services, equipment, the withholding of the necessities of life, such as medication, adequate nutrition, and heating.

Self–neglect
This includes a broad spectrum of behaviour. The Care Act 2014 statutory guidance defines self-neglect as: "a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding". Self-neglect is recognised as the failure or unwillingness by an adult to meet their own basic care needs required to maintain health. Significant hoarding may be associated with an adult having a Hoarding Disorder (See Appendix 1), either diagnosed or undiagnosed.

It should be noted that neither self-neglect or hoarding may prompt a Section 42 enquiry but may need or benefit from support through case management, multidisciplinary discussion or Multi Agency Risk Management (MARM). An assessment of need and risk should be made on an individual basis. A decision on whether a response is required through a Section 42(2) Enquiry will depend on an adult's ability to protect themselves by controlling their own behaviour. There may come a point when it is determined they are not able to do this without external support.

For more information and guidance about supporting an adult who is self-neglecting or hoarding see Appendix 2 – Self-Neglect Guidance and suggested templates for screening and assessment and more detailed separate guidance produced by the SABs for organisations who could be involved in responding.

Other types of harm

Internet/cyberbullying
Can be defined as the use of technology, and particularly mobile phones and the internet, to deliberately hurt, upset, harass, or embarrass someone else. It can be an extension of face-to-face bullying, with the technology offering the bully another route for harassing their victim or can be simply without motive.

Cyberbullying can occur using practically any form of connected media, from nasty text and image messages using mobile phones, to unkind blog and social networking posts, or emails and instant messages, to malicious websites created solely for the purpose of intimidating an adult or virtual abuse during an online multiplayer game.

Forced Marriage: Although forcing someone into a marriage and/or luring someone overseas for the purpose of marriage is a criminal offence the civil route and the use of Forced Marriage Protection Orders is still available. These can be used as an alternative to entering the criminal justice system. It may be that perpetrators will automatically be prosecuted where it is overwhelmingly in the public interest to do so, however victims should be able to choose how they want to be assisted.

Exploitation by radicalisation: The Home Office leads on the anti-terrorism PREVENT strategy, of which CHANNEL is part (refer to Prevent duty guidance - GOV.UK (www.gov.uk) for information). This aims to stop people becoming terrorists or supporting extremism. All local organisations have a role to play in safeguarding adults who meet the criteria.

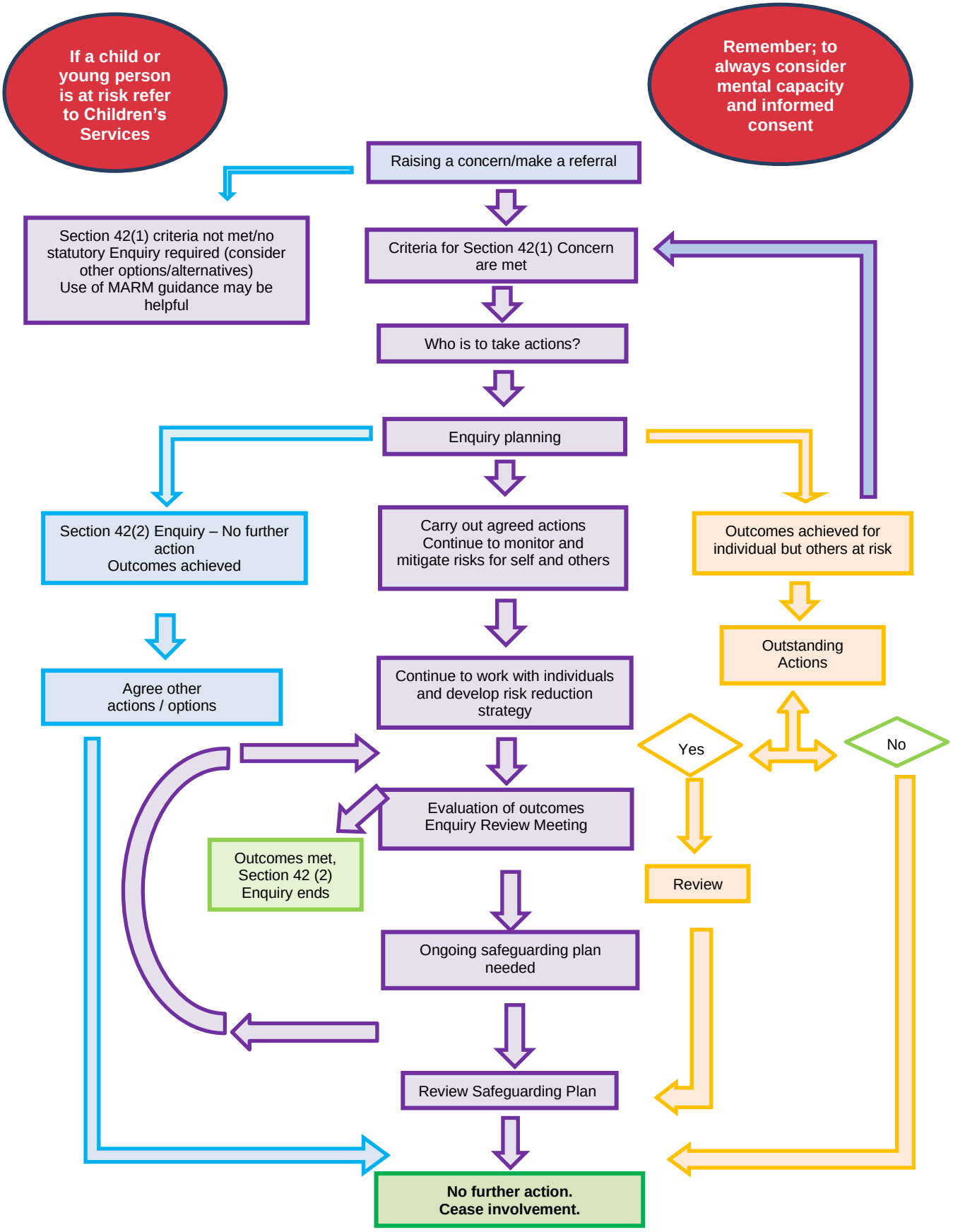
- Contact should be made with Dorset Police regarding any adults identified who present concern regarding violent extremism.

Homelessness – homelessness does not necessarily mean that the adult is at risk of harm, and it is therefore not a defined category of harm. However, circumstances such as

homelessness may exacerbate other conditions and impact negatively upon adult's ability to care for their health and to protect themselves.

Cuckooing – refers to the identification of a relatively new type of controlling and coercive criminal activity. This involves gangs using adults at risk (and children and young people) to move, store and deliver drugs. More details are at Appendix 1. Whilst the term cuckooing is specifically related to the County Line guidance, other types of harm or abuse can co-exist in these circumstances, such as financial, physical, psychological etc. When considering whether to act under Section 42, it is important to consider if the adult can protect themselves from the dynamics of the cuckooing.

Steps to Safeguarding – Summary Flowchart



NB: A section 42(2) Enquiry can be closed at any point where a decision is reached that risks are being managed and the adult is satisfied with the outcomes. For further information, please see Understanding what constitutes a safeguarding concern and how to support effective outcomes

Quick guide to flow chart

When to raise a concern
A concern should be raised when there is reason to believe an adult may have been, is, or might be the subject of harm, abuse or neglect by any other person or persons. This may include anyone self-neglecting where there is a significant risk to their health or wellbeing. Urgent actions by the person raising the concern should be taken, where it is safe to do so, to safeguard anyone at risk of immediate harm if any of the following concerns are apparent: ➢ active abuse is witnessed, or ➢ an active disclosure is made by an adult or third party, or ➢ there is suspicion or ➢ fear that something is not right or there is evidence of possible abuse or neglect. In circumstances where there are serious immediate risks a response from Safeguarding Adult services, or the police should be provided the same day. Whilst reporting a concern to the local safeguarding team it is important that anyone who is aware of it must also consider if the risk or experience of immediate serious harm is so severe that the adult's Right to Life (Human Rights Act) is at risk and urgent action is required to prevent loss of life. In this case the Police should be contacted without delay.

Dealing with historic allegations of abuse or where the adult is no longer at risk:
One of the criteria for undertaking a statutory enquiry under the Care Act Section 42(1) duty is that the adult is "experiencing, or is at risk of, abuse or neglect". Concerns relating to historic abuse e.g. historic child abuse (historic means not previously subject to an enquiry/followed up) or neglect where the adult is no longer at risk will not be the subject of statutory enquiry under these procedures. Further action under different processes may be needed and may include criminal or other enquiry through parallel processes (e.g. complaints, inquests, regulatory, commissioning, health and safety investigations).

All such historic concerns will be considered to determine whether they demonstrate a potential current risk of harm to other adults, children, or young people, where appropriate these will be referred to the Police or Children's Services.

Where an adult safeguarding concern is received for an adult who has died the same considerations will apply and an enquiry will be made where there is a clear belief that other identifiable adults are experiencing, or are at risk of, abuse or neglect.

In cases where an adult has died, suffered serious abuse, neglect or harm, or the Safeguarding Adult Board (SAB) determines it appropriate to commission a SAR or other review, SAR Policy and Terms of Reference. The local Business Manager for each SAB can advise.

Section 42(2) Enquiry
This refers to the local authority being in receipt of information about an individual aged 18 or over who has care and support needs (whether or not these needs meet the national eligibility criteria) and is unable to protect themselves and the local authority is satisfied there are concerns the adult is experiencing or at risk of harm, abuse or neglect and therefore an enquiry is needed to help keep the adult safe.

Section 42(1) concern criteria not met
If not met it may be necessary to consider other options such as signposting, assessment of need and referral to other services to prevent deterioration and promote independence, health and wellbeing. This could result in actions which will engage the adult in taking steps to protect themselves from harm. If an informal carer is at risk of harm or abuse from the adult they care for, the local authority may undertake an Enquiry or consider another intervention to support the carer to stay safe. See page 23 for more details.

Who is to take actions?

It is important that at the earliest possible stage the relevant team consults with the adult to find out what they want to happen or ensures this is undertaken by another professional.

Once the local authority decides a Section 42(2) enquiry is required, there are a range of options about who can undertake it.

The local authority must decide, after consultation, who will do this. In all circumstances the local authority retains responsibility for coordinating and monitoring the enquiry in relation to achieving the adult's desired outcomes and supporting the management of the risk.

The organisation or individual that is required to undertake the enquiry should be agreed with the adult concerned where possible. The professional appointed will be known as the **Nominated Enquirer/s (NE)** in each case.

There is no definitive list of who can be required to undertake an enquiry, but could include:

- The local authority
- Employer
- Contract monitoring
- Police
- Health Care Professionals
- Support workers
- Other care and support providers in an adult's life
- Housing
- Any other agency as deemed appropriate

The local Trading Standards Services: Trading Standards in Dorset, Bournemouth, Christchurch and Poole and Dorset Police have jointly produced a Memorandum of Understanding (MoU) approved by the SAB which sets out how they will work together on safeguarding concerns. Agencies should refer to Appendix 20 which sets out when the local authority should refer to both Trading Standards and the Police. See **Appendix 20.**

In all Section 42(2) Enquiries the Local Authority will allocate a Safeguarding Adults Practitioner (SAP). This professional is likely to be a local authority employee and will fulfil the council's responsibilities for monitoring and coordination of the safeguarding enquiry as necessary. This professional may also be the NE for specific actions. There may also be other NE's.

For local NHS services the local authority will contact the Safeguarding Adults lead for the provider to request that they plan for the most appropriate professional to carry out the enquiry and produce the NE report. The decision maker will indicate where possible the status of the adult's mental capacity and their views about the issue being enquired about, the themes and specific concerns which need to be addressed and provide information about the dates or period to be considered by the professional appointed.

The NE will be expected to complete an NE report detailing the findings of this part of the enquiry. This report will be shared with the appropriate SAP who has been appointed to the Enquiry.

Section 42 (2) enquiry planning
It is imperative to directly consult with the adult to confirm what outcomes they want to achieve and what support they may need to keep safe and to manage risks. This is the initial Safeguarding Plan and, depending on the circumstances the format for recording this will vary, i.e. professionals may use a Nominated Enquirer Report, Risk Assessment, or other suitable document.

Through this discussion, the SAP/NE (as appropriate) may agree with the adult that other individuals and/or agencies need to be involved in the planning discussions and to take forward the responses.

It may be possible to plan responses through a series of telephone calls or one to one discussion, but it may be necessary to convene an Enquiry Planning Meeting (EPM) to agree a clear response plan and actions. See Appendix 3

The NE's must keep appropriate records (i.e. chronological notes) and ensure the SAP is updated.

If the adult does not wish to proceed with the Enquiry or their desired outcomes have been met at this point the enquiry can be closed. If an agency thinks that others are at risk of harm or abuse, the enquiry continues. If the SAP has any doubts, they should refer the matter to their supervisor for support and guidance.

It is necessary for the NE and/or the allocated SAP to periodically review the situation and interim safeguarding plan with the adult and others involved to:

- ensure risks are managed as effectively as possible
- ensure agreed actions are progressing
- to agree further actions as necessary
  to make a record of the actions decided
- It may be possible to achieve this through a series of telephone calls or small meetings; the need for larger multi-agency meetings is left to professional judgement.

To develop strategies to reduce/manage risk whilst continuing to work with the adult
Professionals should continue to work with the adult to meet their desired outcomes. It is important to emphasise that the adult may choose not to engage with services or plans even though the agencies involved think they could help keep the adult safe.

Whilst it is vital to respect the adult's views other factors may have to be considered such as whether a capacity assessment is necessary. See Appendix 15.

Consider the need to convene an Enquiry Review Meeting (ERM) at which all relevant reports/accounts can be considered.

Evaluation of outcomes – Enquiry Review Meeting
Either at or following the ERM the NE or allocated SAP must evaluate with the person the extent to which desired outcomes have been met and review if an ongoing safeguarding plan is needed. The adult must be given every opportunity to say what she/ he thinks about their experience of this enquiry. The local authority and other agencies involved in the enquiry must also be satisfied that the adult(s) are safe and that risks to others are reduced or removed.

Review plan
Agree with the adult when it is appropriate to review the safeguarding plan and who needs to be involved. Agree timescales including a decision to convene a further ERM.

Closing a Safeguarding Section 42(2) enquiry
If no further action is required regarding the specific Safeguarding enquiry, then the case should be closed. A decision to close the Section 42(2) enquiry will be made by the Local Authority or the Police. Ensure the person who raised the concern is aware of the outcome within the limits demanded by confidentiality.

Outcome achieved for adult but others at risk
Adult's outcomes have been met, and they are safe.
If there are other adults are at risk or outstanding actions further steps need to be taken by the local authority and Section 42(2) duty should continue.

If other adults are at risk, consideration needs to be given to whether further Section 42(2) enquiries need to be made for those adults and there may need to be a Large-Scale Enquiry (see Appendix 12).

Outstanding actions
It may be necessary to convene an EPM to consider and evaluate further actions required, to agree who will undertake these and check the adult(s) agree. Mechanisms for reviewing and monitoring must also be agreed and documented. Other actions requiring local authority or other agency involvement may include the following: • CQC inspection • Contract monitoring • Care management • Disciplinary action • Trading standards • Multi-Agency Risk Assessment Conference (MARAC) or High-Risk Domestic Abuse HRDA referral • Multi-agency Risk Management (MARM)

Whilst the list is not exhaustive some actions that may be relevant and must be agreed with the adult and/or their representative/advocate are:

- Seek consent/agreement from the adult at risk of harm, where possible.
- Capacity assessment if deemed necessary
- Make sure the rights of the adult are always taken into consideration.
- Invoke interim safeguarding plan e.g. safe haven, person alleged to have caused harm arrested.
- Joint interview with police. If further information is required on achieving best evidence in criminal proceedings refer to: https://www.gov.uk/government/publications/achieving-best-evidence-in-criminal-proceedings Consider if other procedures need action at the same time e.g. complaints process, disciplinary process, contracts monitoring, assessment/review, referral to Children's Services

Review
It may be necessary to convene an ERM to review outcomes of actions taken. Monitoring must continue until all agreed actions are achieved.

Section 42(2) enquiry ends - outcomes achieved
In circumstances where the adult decides that they do not want a Section 42(2) enquiry to continue, and no other adult is at risk and the council is satisfied that no further action needs to be taken the Section 42(2) enquiry can be closed.

Risks will have been addressed and specified outcomes achieved and, in addition the adult will have had the advice necessary to keep them safe.

Below is a list of possible options, interventions or actions that could be considered. There may be others depending upon the individual circumstances. It is important for professionals s to use their judgement and legal literacy (or seek advice) when thinking about what is best for the adult:

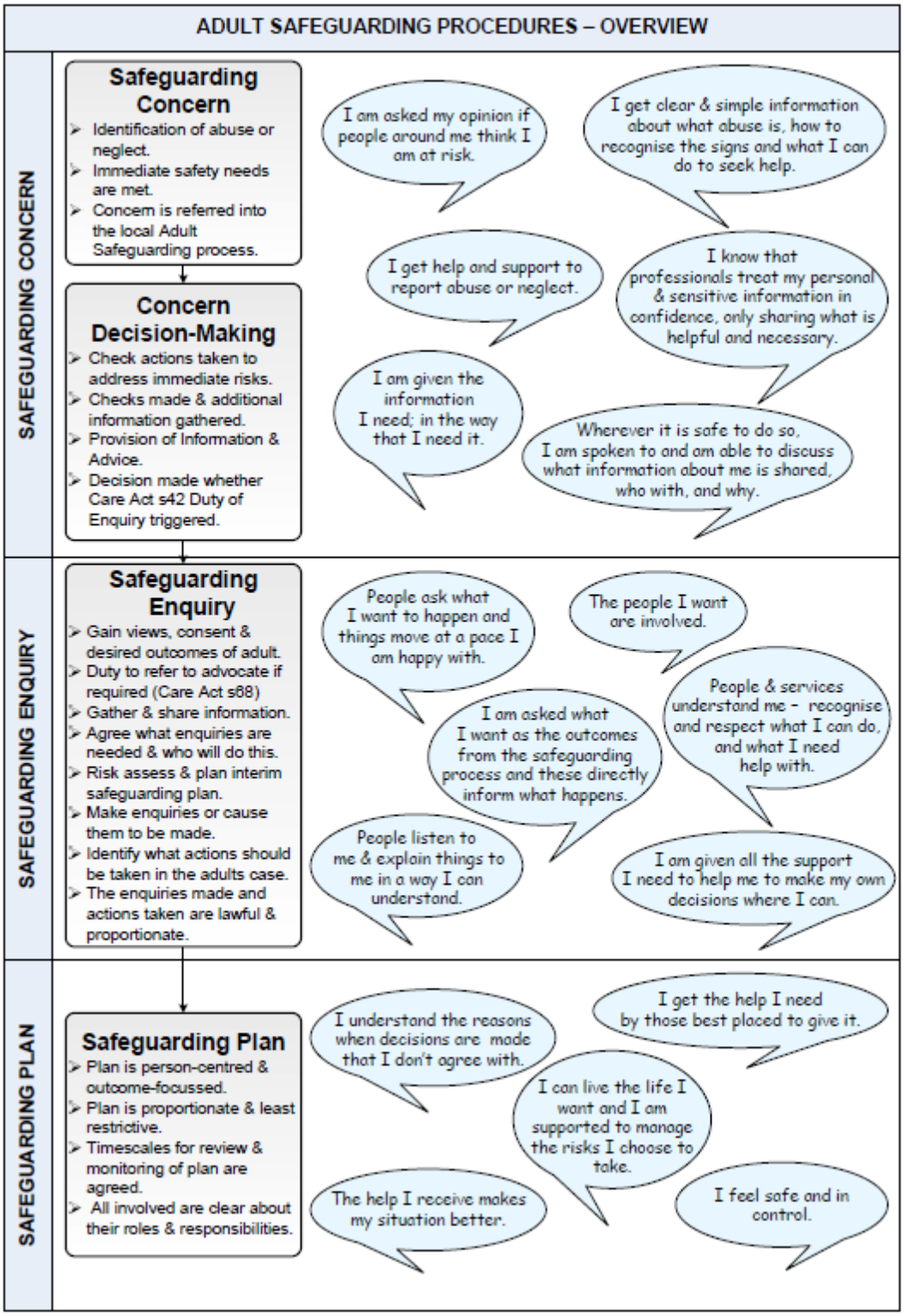
- Advice and signposting to community-based services
- Assessment and care and support planning under Section 9 of the Care Act 2014 including the use of personal budgets
- Referral to other agencies e.g. housing, Independent Domestic Violence Advisor (IDVA), health, advocacy, etc.
- Mental Health Act 1983 (2007), including admission for treatment or use of Guardianship.
- Restriction/management of access to person alleged to have caused harm, i.e. Restraining order
- Referral to Multi Agency Risk Assessment Conference (MARAC). High Risk Domestic Abuse in Dorset (HRDA) in Dorset.
- Deprivation of Liberty Safeguards (DoLS) assessment
- Use of the complaint procedure for a specified agency.
- A safeguarding plan should be discussed, agreed (where possible) and given to the adult at risk to try to ensure they remain safe and that their wellbeing is promoted. It might be helpful if the MARM guidance is referred to as a means of formalising this planning process. The adult may choose not to accept or follow this plan.
- Consideration will need to be given about how the safeguarding plan can be shared by relevant agencies.
- Whenever possible provide feedback, even if only in outline, to the person or organisation who reports the concern in the first place.

Complaints
It is possible that the adult or their representative may be dissatisfied with the safeguarding process. If they complain this should be considered by the local authority that will signpost to the appropriate agency or have responsibility to deal with it themselves.

Overview Flowchart – The Adult's Perspective

This flowchart can be used as a reference tool and sets out a series of prompts:

- on the left, actions which organisations are responsible for at each stage of the safeguarding activity
- On the right, what the adult/s can expect



Flowchart produced by West Midlands Safeguarding Adults Policy and Procedures Group.

Detailed Guidance on Progressing Safeguarding Concerns

Raising a Concern

A concern will be raised when there is reason to believe an adult may have been, is, or might be the subject of harm, abuse or neglect by any other person or persons.

Self-neglect can be reported as a Section 42(1) concern but may well not be dealt with via a Section 42(2) enquiry - see **Appendix 2** and separate Guidance issued by the SABs. (Self Neglect and Hoarding Guidance for agencies)

The local authority will determine if the concern requires a Section 42(2) enquiry and if not, what other actions may be taken.
It is acknowledged that local authorities may receive information from many sources other than the adult at risk and may not be able to corroborate facts or seek consent to act immediately. **Doing nothing with this information is not an option. All agencies have a duty of care to share information and take mitigating steps to preserve life under the Human Rights Act 1998.**

Actions to be taken when harm is directly observed or disclosed by the adult
When harm is seen, the observer will take the steps necessary to make the adult safe and then urgent steps taken to report to the Local Authority. If a crime appears to have been committed, the Police should also be contacted.

It is vital to listen carefully to what the adult is saying, reassure them they will be involved in decisions about what will happen and get as clear a picture as possible but avoid asking too many questions at this stage. In all circumstances staff must be assured the adult is safe from harm or any further harm. This may mean contacting any/ all the emergency services.

- Accept what the adult is saying – do not question the adult or get them to justify what they are saying – reassure the adult that you take what they have said seriously.
- Do not 'interview' the adult; just listen carefully and calmly to what they are saying. If the adult wants to give you lots of information, let them. Try to remember what the adult is saying in their own words so that you can make a written record later (see below).
- You can ask questions to establish the basic facts but try to avoid asking the same questions more than once or asking the adult to repeat what they have said - this can make them feel they are not being believed.
- Do not promise the adult or others that you will keep what they tell you confidential or "secret". Explain that you will need to tell another person, but you will only tell people who need to know so that they can help.
- Reassure the adult that they will be involved in decisions about what will happen.
- Do not be judgemental or jump to conclusions.
- If the adult has specific communication needs, provide support and information in a way that is most appropriate to them.
- There should be an assumption that the adult has capacity, unless there are reasons to doubt at the time. It may be necessary to undertake a decision specific capacity assessment, which takes account of any issues of duress and coercion. (See Appendix 15 and seek advice if needed)

Careful consideration will need to be given regarding who else needs to know about the concern. The concern should not be discussed with the person alleged to have caused harm; this will be a point considered through the Enquiry process and influenced by the adult's wishes.

Making a Written Record
As soon as possible on the same day, the referrer of the safeguarding concern should make a chronological written record of what you have seen, been told or have concerns about. Try to make sure anyone else who saw or heard anything relating to the concern also makes a written record.
The written record will need to include:

- the date and time of the disclosure, or when you were told about or witnessed the incident/s,
- who was involved, any other witnesses' details,
- exactly what happened or what you were told, in the adult's own words, keeping it factual and not interpreting what you saw or were told,
- the views and wishes of the adult,
- the appearance and behaviour of the adult and/or the person making the disclosure,
- any injuries observed,
- any actions and decisions taken at this point, i.e. management of immediate risks
- any other relevant information, e.g. previous incidents that have caused you concern.

Remember to:

- Wherever possible and practicable seek the adult's consent to raise the concern. Where the adult raises objections and there are significant risks, or if other adults or children could be at risk, it may be necessary to override their expressed wish not to consent.
- include as much detail as possible,
- make sure the written record is legible, written or printed in black ink, and is of a quality that can be photocopied,
- make sure you have printed your name on the record and that it is signed and dated,
- keep the record factual as far as possible. However, if it contains your opinion or an assessment, it should be clearly stated as such and be backed up by factual evidence or observations. Information from another person should be clearly attributed to them.
- keep the record/s confidential, storing them in a safe & secure place until needed.

When a Crime is suspected
If a crime is suspected, it is critical that the Police are informed. Try not to disturb the scene as it may be important for the Police to collect forensic evidence. If in doubt, ask police for advice.

In cases where there may be physical evidence of crimes (e.g. physical or sexual assault), contact the Police immediately. Ask their advice about what to do to preserve evidence. See Appendix 8.

Professionals must contact Dorset Police Multi Agency Safeguarding Hub (MASH). Contact Children's Social Care if child/children are also at risk. Whilst the above is necessary as an initial action, it is also vital to report the concern to the Safeguarding Adults contact point within the Council, details on page 5.

Dorset Police is resolute in its commitment to tackling all forms of crime against adults at risk. Every member of the community deserves protection from exploitation and harm by those entrusted with their care and the people they should be able to rely on to keep them safe.

People raising a concern must make it clear whether they are reporting a crime or suspected crime or seeking advice. Discuss with the relevant authority's Adult Social Care safeguarding service who will advise. In an emergency call the Police on 999.

The Police will ask:

Good practice guide – when a crime is suspected

Raising concerns with the Police

- Where possible leave things as and where they are. If anything has to be handled, keep this to an absolute minimum.
- Do not clean up. Do not touch anything you do not have to. Do not throw anything away which could be evidence.
- Do not wash anything or in any way remove fibres, blood etc.
- Preserve the clothing and footwear of the victim.
- Preserve anything used to comfort or warm the victim, e.g. a blanket.
- Note in writing the state of the clothing of both the victim and person alleged to have caused the harm. Note injuries in writing. As soon as possible, make full written notes on the conditions and attitudes of the people involved in the incident.
- Take steps to secure the room or area where the incident took place. Do not allow anyone to enter until the Police arrive.
- If you believe that evidence, such as patient notes will be destroyed or collected, advise the Police immediately.

In addition, in cases of sexual assault:

- Preserve bedding and clothing where appropriate, do not wash.
- Try not to have any personal or physical contact with either the victim or the person alleged to have caused the harm. Offer reassurance and comfort as needed but be aware that anyone touching the victim or source of risk can cross contaminate evidence.

Partner agencies should contact the Multi Agency Safeguarding Hub (MASH) via secure email to AdultsAtRisk@dorset.pnn.police.ukThis office is staffed 0800 to 1800 Monday to Friday.

Once the referral is sent then a telephone discussion can take place by phoning 01202 222229. The Multi Agency Safeguarding Hub (MASH) will facilitate early discussions which will decide if the referral is suitable for joint Adult Social Services and Police investigation or single agency action.

A trained police officer will be responsible for arranging any forensic examination that is required. This will normally be conducted at Shores (a Sexual Assault Referral Centre). However, if this is not appropriate the officer will plan for the examination to be facilitated elsewhere.

- The Police will always determine whether a criminal investigation is required and decide which department will undertake the investigation. It is likely that offences against the person which are complex and serious will be investigated by the Criminal Investigation Department and lesser offences of concern will be dealt with by Neighbourhood Policing Teams (NPT). Criminal investigation by the Police will take priority over all other professionals' enquiries. However, safeguarding the adult at risk is of prime importance throughout the investigation.

Professionals must ensure the adult at risk is involved, consulted and consent gained unless any of the following apply:

- Other adults or children could be at risk from the person alleged to have caused harm.
- It is necessary to prevent crime.
- Where there is a high risk to the health and safety of the adult at risk.
- The adult lacks capacity to consent, is under duress or being coerced.

If in doubt discuss this with the Local Authority or the Police.

Anonymous reporting & protecting anonymity

Anonymous reporting
It is preferable to know who is reporting a concern. It can make it more difficult to follow up concerns if the identity or contact details of the referrer are not known. Workers in paid or unpaid positions should always be expected to state who they are when reporting concerns. However, even if the identity of the referrer has been withheld the adult safeguarding process will proceed in the usual way. This will include information being recorded as a safeguarding adult concern. It may be useful to point out to a person reporting concerns that if they are willing to provide their personal details it would make feedback possible (however limited that might be.)

Protecting anonymity
While every effort will be made to protect the identity of anyone reporting concerns who wishes to remain anonymous, this cannot be guaranteed throughout the process. It is particularly important to remember the following:

- In cases where the police are pursuing a criminal investigation, people reporting concerns may be required to give evidence in court.
- All relevant information from safeguarding adult Enquiries and disciplinary investigations will be shared with the person alleged to have caused harm where a referral to the DBS is made.
- There is a possibility that workers raising concerns may be asked to give evidence at an employment tribunal.
- Anybody can be requested to give evidence when the employer has referred a member of staff to a professional body such as Social Work England, the Health and Care Professions Council (HCPC), the Nursing and Midwifery Council (NMC), or the General Medical Council (GMC).
- The person causing harm may request to see information held about them under the Data Protection Act (DPA) 1998

People causing harm who are employed in paid or unpaid Positions of Trust
Proportionate action should be taken to ensure the immediate protection of the adult(s) with care and support needs. **Appendix 18** refers.

If an agency has a lead officer for safeguarding any employee with concerns should inform them. If the agency does not have a lead for safeguarding please contact your local authority safeguarding team for advice, their details are on page 5.

If the concerns require Police involvement, wherever possible liaise with them prior to speaking or communicating with the person who works in a position of trust.

If the person is a professional in your organisation, HR advice should be sought; an immediate decision may have to be made to take action to protect the adult against any potential risk of harm (e.g. suspension without prejudice, supervised working). Actions taken will need to be compliant with employment law and the employee will have a right to know in broad terms that allegations or concerns have been raised about them.

Organisations have ‘speaking up’ or Whistleblowing policies which should be referred to if necessary.

Section 42 (1) concerns and (2) enquiries

A Section 42 (1) concern refers to the local authority being in receipt of information about an adult aged 18 or over who has care and support needs (whether or not these needs meet the National Eligibility criteria):

- has needs for care and support (whether or not the local authority is meeting any of those needs) and
- is experiencing, or at risk of, abuse or neglect; and as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect. Note: it may not be immediately apparent to the person raising the concern or to the local authority whether the adult is able to protect her/ himself.

What is meant by care and support?

Care and support mean practical, financial and emotional support for adults or their informal carers who need extra help to manage their lives and be independent – including some older adults, some adults with a disability or long-term illness or with mental health problems. Care and support include assessment of people's needs, provision of services and the allocation of funds to enable an adult to purchase their own care and support. It could include care home, domiciliary care, personal assistants, day services, or the provision of aids and adaptations.

Providing it is safe the Local Authority will check whether the adult alleged to have been harmed knows that the concern has been shared if this is not already clear. On receipt of a Safeguarding Adults concern the Local Authority will ensure that a decision is made based on initial information gathered about whether to take forward a Section 42(2) enquiry within 5 working days. Where it is considered that the criteria have been met arrangements will be made for an appropriate worker to be allocated and contact made with the adult or their representative as soon as possible. Any exceptions to this will be clearly recorded. The Local Authority will try to identify and take account of the adult's cultural and communication needs and appropriate resources identified, i.e. interpreter, gender of worker etc.

If it is established that the alleged harm, abuse or neglect appears to meet the criteria for a Section 42(2) enquiry, ensure full details are recorded and gather necessary information, undertake crosschecks with other data systems e.g. RIO, PNC etc. Notify other organisations e.g. CQC, ICB if required. See **Appendix 3**.

An important principle which will usually help decide steps to be taken is the need to take account of the adult's ability to protect themselves from harm or abuse that they face. They may require some support from an agency or organisation and this support plan will need to be agreed with them.

The concern will be logged on the Local Authority's database as a safeguarding concern.

Section 42 enquiry criteria not met

The circumstances in which the criteria for a statutory enquiry are not met will be as follows:

- The adult is at risk of abuse or neglect but does not have care & support needs,
- The adult has care and support needs and may have experienced abuse or neglect in the past, but is no longer experiencing or at risk of abuse or neglect,
- The adult has care and support needs, is at risk of abuse or neglect, but can protect themselves from abuse or neglect should they choose to do so,
- Or an informal carer is at risk of harm or abuse from the adult they care for

In these circumstances the local authority will adopt a **case management** approach. They will tell the person raising the concern that it is not a Section 42 matter and discuss options with the adult or informal carer, such as signposting or referral to relevant services. The local authority may offer an assessment of care and support needs or Carers assessment which could prevent deterioration and promote independence, health and wellbeing.

It is possible the safeguarding team have determined there is still a potential risk to the adult, for example in relation to drug or alcohol misuse or because of self-neglect, and it could be helpful to call a multi-agency risk management (MARM) meeting. This will enable the agencies involved, and the adult themselves, to assess and plan to manage the risks identified MARM Guidance.

Who is to take action

It is important to get the adult's account and a sense of what they want to happen. Notwithstanding this, the Local Authority will also need to decide if a Section 42 enquiry is required. If this is the case, there are a range of options about who can undertake the enquiry.

There are several key roles to be agreed.

First the Local Authority will allocate a 'Safeguarding Adult Practitioner' (SAP). This professional will be the safeguarding case worker who fulfils the council's responsibilities for coordinating and monitoring the Safeguarding enquiry.

Second the Local Authority may propose that an individual agency (or more than one) involved on a professional level, will assist with the enquiry and may take on the role of the Nominated Enquirer (NE) and associated tasks.

The organisation/professional/s requested to undertake tasks relating to the enquiry will also be agreed with the adult concerned. See page 31 which specifies who can be an NE.

The professional allocated holds a discussion with the adult and/or their representative to get their views on what happened and an understanding of what outcomes and response they would like. This is where the initial Risk Assessment will be considered, and safeguarding plan devised as appropriate. See **Appendix 4**. The local authority retains responsibility for coordinating and monitoring the enquiry in relation to achieving the adult's desired outcomes and supporting effective risk management.

There are options about who has the discussion with the adult/ representative. This will usually be the professional within the organisation or service who is best placed to do this or who knows the adult best. Where this does not apply or it is not appropriate due to risks and concerns, a social worker, a member of the safeguarding service or another professional who is involved with the care of the adult will be nominated. The Local Authority SAP could also be the NE in these circumstances.

Consideration must be given about whether an adult has substantial difficulty in participating in the Adult Safeguarding enquiry and there is no other appropriate person to represent them. In these circumstances the lead agency must arrange for an independent advocate to support and represent them. See **Appendix 14**

Whilst an initial assumption will be made that an adult has capacity it may, (in the face of an adult's substantial difficulty) be necessary to determine if the adult has capacity to express a view and make other associated decisions about what has happened. See **Appendix 15** – Mental Capacity Act.

Where it has been identified that the adult has capacity to decide whether to engage and is reluctant to do so, the EM/SAP should consider referring to **Appendix 7** - Practice Guidance –

Protocol for Working with Adults at Risk who do not wish to engage with services and are or may become at serious risk of harm.

The key issue in this discussion must be to consider the risks about the concern raised. Where the adult or representative does not want a formal enquiry to proceed and there are no known risks to any other adults the nominated enquirer will feedback to Adult Social Care, using the 'Nominated Enquirer Form'. See **Appendix 5**, with a recommendation to close the enquiry. The final decision to close the Section 42 rests with Adult Social Care or the Police (depends on which Agency is leading the enquiry). Even where there is a consensus about this, feedback must be sought from the adult within the 'Making Safeguarding Personal' framework because there is now an outcome and conclusion.

If there is evidence that harm, neglect or other concerns have been recognised then advice, guidance and support will be offered.

Roles & Responsibilities

It is vital that all Agencies involved at any stage in a Safeguarding enquiry maintain written records, in line with their own Agencies procedures, that reflect as accurately as possible their involvement in the enquiry. These records must be kept securely and may be used as evidence, including, in some circumstances, in Court.

The local authority where the abuse/neglect occurred (host authority) will always take the initial lead on a concern, including taking immediate action to protect the adult, initial information gathering, background checks and ensure a prompt notification to the funding authority and other relevant agencies. An adult social services or health commissioner may be the funding authority.

It is the responsibility of the host authority to co-ordinate any institutional abuse/large scale enquiry. See **Appendix 12** – Large scale safeguarding adults enquiries - Operational Guidance. This also refers to the Joint ADASS/LGA Revised Out of Area Safeguarding Guidance which provides the framework for the host authority to work within as well as the responsibilities of all parties. The NHS Host Commissioners Guidance should be referred to about services for people with a learning disability or autism.

CQC and Health & Social Care Commissioners must always be made aware of Enquiries involving regulated care or health providers and will refer to national guidance regarding arrangements for the safeguarding of adults at risk.

Where allegations relate to one adult, it may be appropriate to negotiate with the funding authority that they undertake certain aspects of the enquiry, i.e. nominated enquirer role. However, the host authority will retain the overall coordinating role. The funding authority will be responsible for providing support to the adult at risk and planning their future care needs, including actions to mitigate risk.

The funding authority will allocate a professional for liaison purposes during the enquiry. They will be invited to attend any Section 42 **Enquiry Planning Meetings** (EPM) and **Enquiry Review Meetings** (ERM) or may submit a written report. They will receive notes of relevant meetings.
Section 42 Enquiries can involve more than one line of enquiry that needs to be co-ordinated. Many enquiries may run concurrently with other processes, for example, disciplinary processes or a criminal investigation. These need to be discussed, agreed and coordinated at the Section 42 EPM.

The organisation responsible for undertaking their part of the enquiry must be aware of their other responsibilities or their legal powers, i.e. employment law, criminal law and clinical governance.

Agreement must be reached at the EPM about respective roles and responsibilities of organisations during the enquiry, including agreement on lead responsibilities, desired outcomes of the adult concerned, specific tasks, coordination of different lines of enquiry, communication channels, information sharing and the initial safeguarding plan.

Action that may lead to legal or criminal proceedings will take precedence over other proceedings; however, the safety of adults, e.g. witness support, will not be compromised. There will be discussion and co-ordination of those processes to avoid prejudicing such enquiries, e.g. use of complaints procedure, or if scrutiny of records could continue whilst witness statements are being taken or preventative measures, such as moving a adult to different environment or making a referral to MARAC. See **Appendix 6**.

Each **EPM** and **ERM** must have a suitable Chair and note taker, and produce clearly recorded actions, accountabilities and timescales.

Continuing the Section 42 enquiry
The enquiry will continue and if not already completed a risk assessment will take place. If a decision is taken at the EPM to continue with an enquiry, agreement should be reached on the following:

- Whether the agreed enquiry plan, risk management plan and actions will need to be reviewed during the enquiry and where possible, agree a date for that to happen.
- Timescales for actions will need to be agreed based on consultation with the adult, taking account of the risk or the complexity of the enquiry and a record made of the decision.
- More than one EPM may need to be held to ensure that a review is made of protection arrangements. Subsequent EPM's are called Enquiry Review Meetings (ERM).

The Purpose of the Enquiry Planning Meeting is to:

- be clear about the views of the adult at risk, identify if a mental capacity assessment is required and instruct an Advocate/ IMCA or another appropriate person if indicated. See **Appendix 14**
- establish the facts and contributing factors leading to the concern being raised.
- identify and manage risk to ensure the safety of the adult and others.
- assist them to recover from any trauma.
- determine if the allegations or concerns are founded and what action should be taken.
- review the management of the setting/service and any improvements required or sanctions to be recommended.

Consider:

- What needs to be found out?
- Who might have this information?
- What legal powers are needed?
- Check all necessary documentation required.
- Are any specialist assessments required for any of the adults at risk, prior to carrying out any interviews
- Interview people, in the appropriate environment, considering any need for an independent advocate and/or any language, communication, gender or race issues.
- Plan interviews together with colleagues if necessary.
- Take statements and record interviews.
- Collate the evidence.

What information might need to be gathered
As a guide, the following sorts of information will be needed to enable effective decision-making:

Details of the person raising the concern:

- Name, address, telephone number and email address (if there is one)
- Relationship to the adult

- Details of the source of information e.g. third party
- Details of the place where the harm occurred

Details of the adult at risk:
- Name, address and telephone number.
- Date of birth, or age.
- Details of informal carer/s.
- Details of any other members of the household including children.
- Information about the primary care needs of the adult (i.e. disability or illness).
- Any previous concerns or contact with the responsible local authority made (check appropriate databases).
- Funding authority, if relevant.
- Ethnic origin and religion.
- Gender (including transgender and sexuality)
- Communication needs due to sensory or other impairments (including dementia), including any interpreter or communication requirements
- Whether the adult knows the concern was raised
- Whether the adult has consented to the concern being raised and, if not, on what grounds the decision was made to report the concern
- What is known of the adult's mental capacity and what decisions need to be made?
- What are their views about the abuse or neglect?
- What they want done about it (if that is known at this stage)
- Details of how to gain access to the adult and who can be contacted if there are difficulties

Information about the abuse or neglect:
- How and when did the concern come to light?
- When did the potential abuse or neglect occur?
- Where did the potential abuse or neglect take place?
- What are the details of the potential abuse or neglect?
- What impact is this having on the adult?
- What is the adult saying about the abuse or neglect?
- Are there details of any witnesses?
- Is there any potential risk in contacting the adult?
- Are there any children (under 18 years) at risk?

Details of the person alleged to have caused the harm (if known):
- Name, age and gender.
- What is their relationship to the adult?
- Are they the adult's main carer?
- Are they living with the adult?
- Are they a member of staff, paid carer or volunteer?
- What is their role?
- Are they employed through a Personal Budget / Direct Payment?
- Which organisation are they employed by?
- Are there other adults at risk from the person alleged to have caused/causing the harm?

The enquiry review meeting is where the evidence sources will be evaluated

Sources may include:
- Medical or forensic evidence.
- Background reports, service records and previous histories.
- Witness statements from formal/joint interviews.
- Adult's own account, depending on capacity and witness or communication skills.
- Circumstantial evidence.
- Assessment of the extent and seriousness of the harm and the effect on the adult at risk and others in their network.

'Standard of Proof'
The standard of proof for a criminal prosecution is higher as the case must be proved beyond all reasonable doubt. For civil, disciplinary or regulatory investigations, the standard of proof is based on the balance of probability.

REMEMBER: Adult Safeguarding in its wider sense means "protecting an adult's right to live in safety, free from abuse and neglect". It is about people and organisations working together to prevent and stop both the risks and experience of abuse and neglect, while at the same time making sure that the adult's wellbeing is promoted including, where appropriate, having regard to their views, wishes, feeling and beliefs in deciding what to do.

When the criteria for a Statutory Adult Safeguarding enquiry under Section 42 of the Care Act is not met, doing nothing is not an option and therefore other ways to reduce risks and assist the adult to live safely must be considered, for example:

- Adults can be supported to live safely through good quality assessment and support planning.
- people's right to live free from crime can be supported through Police interventions, and to recover from the experience of crime through victim support services.
- people's health & wellbeing, and experience of safe services, can be promoted through patient safety approaches in the NHS and good quality responses under Clinical Governance processes.

The case management approach
Where the criteria for statutory enquiry are **not met**, other types of action, or provision of advice/information, could be adopted. These may well also help in protecting the adult where there are potential risks of harm or abuse, but which have not required a statutory enquiry. The options for assistance could include:

- Referral for a needs assessment under Section 9 of the Care Act
- Referral for DoLS assessment.
- Referral for Mental Health Act assessment.
- Referral to other risk management processes, e.g. MARAC or HRDA, MAPPA, local harm reduction processes, e.g. MARM.
- Referral or signposting to other agencies or support services, e.g. Police, victim support, domestic abuse support services, counselling services, GP, fire and rescue service or voluntary sector agencies.
- Written information and advice on how to keep safe, or how to raise a concern in the future.
- Information about how to make a formal complaint, for example, about substandard care or treatment.
- Information sharing with regulatory agencies (e.g. CQC) and commissioners to address service quality concerns.
- Service Provider to undertake appropriate internal responses, e.g. internal investigation, training, disciplinary process, audit & assurance activity.
- Concern is passed into other incident management processes, e.g. NHS Serious Incident under Investigation.
- Referral to the appropriate safeguarding lead in relation to concerns about people in a position of trust who may pose a risk of harm to adults.
- Referral for Safeguarding Adults Review (Care Act Section 44 refers).

Actions taken or information and advice provided should aim to promote the adult's wellbeing, prevent harm and reduce the risk of abuse or neglect, and promote an approach that concentrates on improving life for the adults concerned, and enables the adult to achieve resolution and recovery.

Considering other lines of enquiry

This may include:

- A police investigation/prosecution.
- Identifying powers to protect the adult at risk, for example, a restraining order
- Actions under civil law, for example, an injunction.
- Employee's disciplinary proceedings.
- Referrals to:
  - the Disclosure and Barring Service
  - the CQC in relation to a registered provider
  - commissioners of the service in relation to breach of contracts
  - a landlord in relation to a breach of a tenancy agreement.
- An assessment for care and support needs or an assessment under Integrated Care Programme Approach (ICPA).
- A healthcare assessment e.g. appointment with specialist or GP.

Supporting an adult who makes repeated allegations

An adult who makes repeated allegations that are shown to be unfounded should be treated without prejudice.

Each allegation must be risk assessed and reviewed to establish if there is new information that requires action under these procedures.	A risk assessment must be undertaken, and measures taken to protect staff and others, as necessary
Each incident must be recorded.	Organisations should have procedures for responding to such allegations that respect the rights of the adult, while protecting staff from the risk of unfounded allegations

Responding to family members, partners, friends and neighbours who make repeated allegations

Allegations of abuse or neglect made by family members, partners, friends or neighbours should be responded to without prejudice. However, where repeated allegations are made and there is no foundation to them and further Enquiries are not in the best interests of the adult or not in line with their wishes, then local procedures for dealing with multiple, unfounded complaints may apply.

The Enquiry – specific responsibilities

The lead coordinating role as an EM in relation to individual cases is undertaken by operational managers of Adult Social Care. Jointly funded operational management posts e.g. CMHT/locality will also undertake the role of designated EM. An EM must be informed of any safeguarding concern arising in any organisation and has overall responsibility for coordinating the Safeguarding Adults Enquiry.

The Manager in Adult Social Care who has responsibility to oversee an enquiry is called the EM and will identify an employee to be the designated SAP for the enquiry.

Specific responsibilities of the Enquiry Manager

- The adult at risk is involved in all decisions that affect their daily life.
- Decisions are made in consultation with other relevant organisations to instigate the Safeguarding Adults enquiry.
- An EPM or discussion is held to determine how the Safeguarding Adults enquiry will be conducted, who will conduct it and to ensure decisions are recorded and copied to relevant organisations.

- The actions being taken by organisations are coordinated and monitored.
- Those who need to know are kept informed.
- Effective supervision and ongoing support are provided for the SAP.
- The SAP monitors the accuracy of all records in line with their agency's Quality Assurance Frameworks.
- Respond to issues highlighted by risk assessments of the situation, e.g. lone working protocols and any environmental risks etc.
- Preservation of confidentiality at all times of all concerned including employees under the Dorset Pledge . See **Appendix 8**: Information Sharing
- Identify and agree the named person who will link and communicate with the adult who is thought to be at risk.
- Task the SAP to produce a summary enquiry report where complexity or other circumstances dictate.

Specific responsibilities of the Safeguarding Adult Practitioner (SAP)

The SAP should be a suitably experienced professional who has received specific training in undertaking safeguarding adult enquiries and will work under the supervision of the Adult Social Care (ASC) Manager. Neither the SAP nor ASC Manager should have line manager responsibilities for the person alleged to have caused harm, or work in the same department. The SAP will:

- Coordinate and monitor the progress of the enquiry
- Act as the NE if appropriate
- Ascertain the wishes of the adult/s
- Interview witnesses, including undertaking joint interviews with the Police or other agency
- Assess risks
- Formulate a safeguarding plan
- Undertake or prompt Mental Capacity Assessment if required
- Consider the adult's needs for care and support and arrange assessment of these if required
- Provide advice and guidance to the adult to ensure their full involvement, to include identifying an advocate where necessary
- Help promote the adult's capability to protect themselves or the ability of their networks to increase the support they offer.
- Identify the impact of the abuse/harm on the adult and the possible impact on important relationships
- Respond to risks of harm/abuse being repeated or increasing in seriousness
- Respond to risks that may involve children or other adults
- Research evidence to inform any interventions
- Agree with the adult any agencies or informal carers that need to be involved and liaise with as appropriate, to include appropriate sharing of information in line with OAISP
- Gather and formulate evidence and make recommendations regarding achieving desired outcomes
- Compile information for EPM and any other relevant records, e.g. chronology, case notes, Risk Assessment and Safeguarding Plan. An effective plan will need to consider not only the immediate circumstances but also take account of key features in the adult's social and physical environment which will help understand and determine the risks.

The Nominated Enquirer

These Procedures specify the need for an NE. This role could be undertaken by a professional who is already involved with the adult or has been asked to become involved in an enquiry.

Any conflict-of-interest issues must be considered before identifying a Nominated Enquirer. Examples of conflict of interests, where it may be better for an independent professional to be

appointed to undertake Enquiries, are a family run business where institutional abuse is alleged or where the manager/owner of a service is implicated or may be biased.

The professional/s appointed therefore can be drawn from a very wide field as the following list demonstrates:

- Keyworker
- Local Authority employee
- Employer
- Care Manager
- Care Co-ordinator
- Professional Advocate, e.g. IMHA/IMCA/IDVA
- Care Worker/Agency/Other Providers in an adult's life
- Police Officer
- Contracts Monitoring
- Community Safety Officer/ASBO
- ICB
- Health Care Professionals, i.e. Ward staff/GP/Nurse
- Housing officer
- Support workers

There may be other options. As previously noted, it is also possible that in some circumstances the NE will also be the SAP. There may be more than one NE involved in the enquiry.

There always needs to be a suitably qualified healthcare professional to undertake enquiries about any medical issues. These Enquiries may constitute a professional opinion or additional assessment, or they may form part of the formal enquiry process, i.e. examining records etc. Local Authority staff must contact the Safeguarding Adult lead in the relevant NHS organisation and will not directly approach any other NHS staff about undertaking this role. The NHS Safeguarding Lead will, when allocating the role, want to make sure it minimises the potential conflict of interest by appointing a Nominated Enquirer who is most appropriately placed to undertake it. The NE must agree actions with the SAP or the EM before taking this on and will consider any cultural or language needs, including the provision of an advocate/interpreter.

Specific responsibilities of the Nominated Enquirer (NE)

The specific role will be determined at the EPM by the EM or the SAP through discussions with the relevant agency as the enquiry proceeds. The responsibilities may include:

- Talking to the adult or witnesses
- Gathering information from records held by their agency, case notes, financial records
- Alerting the Police to any actions they may need to take about preservation of records.
- Preserving evidence
- Reviewing and undertaking physical/mental health assessments as required.
- To report gaps in the provision of care or in recording.
- Contribute to risk assessment
- Reporting on elements of the safeguarding plan and taking specific responsibility for any agreed actions.
- Provide information regarding their own area of expertise, e.g. medication management
- Provide historical information, e.g. previous reports
- Provide verbal updates to the SAP/EM
- Complete Nominated Enquirer Report
- Attend meetings as required
- Ensure Risk Management Plan is in place
- Work to agreed actions

The local authority will include in its request for an agency or individual to undertake the NE role, the following information as a minimum: -

- The adult's views on the enquiry and outcome wanted

- A view about the adult's capacity to decide about issues relevant to the concern
- The period or dates under consideration which the NE should review
- The key issues of concern to be looked at.

Other Agencies will have their own roles and responsibilities for Safeguarding Enquiries and NE's will only be asked to undertake tasks related to their role. See **Appendix 3**. A model of the **Nominated Enquirer form** is included at **Appendix 5**.

Enquiry Planning Meeting

For Role of Note Takers see **Appendix 10.**

Purpose of the Enquiry Planning Meeting
Once the concern has been allocated, after discussion with the EM the SAP will arrange to contact the adult to seek their views and desired outcomes. EM's and SAP's must consider if it is necessary to hold a formal multi-agency EPM or a series of discussions, which could be face to face, virtually, e.g. teams, zoom or via the phone. This should take place at the start of the formal Section 42 Enquiry to agree and plan the tasks required. The commencement of a Police investigation is an exception to this when vital evidence gathering is required.

In deciding whether to hold a formal meeting or a series of discussions, professional consideration must be given to the following:

- The potential risk to the adult being harmed and their views and wishes.
- The risks to others from the person alleged to have caused/causing harm.
- Whether several individuals or organisations have concerns and need to share information, i.e. CQC, ICB, Contracts, Police, Health, Provider service, Legal Advisor, Children's Care Services etc.
- Whether there may be several actions by different organisations.
- Whether there may be legal or regulatory actions.
- Whether the allegation involves a professional/employees/volunteer or the safety of a service.
- Whether the situation could attract media attention.
- Safety of service (large scale enquiry)

The purpose of the Section 42 enquiry Planning Meeting or discussion is to:

- confirm if consent has been gained from the adult at risk, (specify why if not gained).
- consider the wishes of the adult at risk and the outcomes they are seeking.
- agree how the adult and others involved wish to be kept informed
- agree timescales with the adult at risk
- agree a multi-agency plan to undertake an enquiry into the allegations
- assess the risk to the adult who is being harmed and address any immediate needs.
- co-ordinate the sharing and collection of information about the harm or abuse
- identify and agree roles and responsibilities.
- ensure the adult at risk has been offered an advocate (where appropriate). See **Appendix 14 & 15**
- consider options if the adult lacks capacity with reference to decision making, e.g. whether a court appointed deputy is required. See **Appendix 15** – Mental Capacity
- consider other statutory duties, e.g. Mental Health Act assessment (including whether an application for Guardianship is appropriate), Deprivation of Liberty Safeguards or application to the Court of Protection. See **Appendix 15.**
- consider how the family, partners or carers can be involved if the adult at risk wishes this.
- agree whether an enquiry will take place, and if so, how it should be conducted and by whom.
- agree who will interview the person alleged to have caused harm (bearing in mind if he/she is an employee, then the lead responsibility for this will be with the employer or if a criminal action is suspected, then the Police will lead this process).

- make a clear record of the decisions and what information is shared.
- agree a plan detailing actions, proposed timescales and person responsible, known as the Safeguarding Plan. The plan will be agreed with the adult at risk or their representative, include any contingency arrangements, how the plan will be shared and identify potential risks outside of office hours.
- agree when the Safeguarding Plan will be reviewed and convene an ERM if necessary.
- ensure any Safeguarding Plan is cross referenced in the MARAC/HRDA and MAPPA if taking place. See also **Appendix 6.**
- consider whether a child (under 18 years) or other adults may be at risk. Refer to Children's Social Care, if necessary.

Involving Adults in Safeguarding Meetings

- Effective involvement of adults and / or their representatives in safeguarding meetings requires professionals to be creative and to think in a person-centred way. Address the following issues when planning the meeting:
- How should the adult be involved? Is it best for the adult to attend the meeting, or would they prefer to feed in their views and wishes in a different way, e.g. a written statement? Is it best to hold one big meeting, or several smaller meetings? Consider holding a virtual meeting.
- Where is the best place to hold the meeting? Where might the adult feel most at their ease and able to participate?
- How long should the meeting last? What length of time will meet the adult's needs and make it manageable for them?
- When should breaks be scheduled to best meet the adult's needs?
- What time of the day would be best for the adult? Consider the impact of a adult's sleep patterns, medication, condition, dependency, care and support needs.
- What will the agenda be? Is the adult involved in setting the agenda?
- What preparation needs to be undertaken with the adult? How can they be supported to understand the purpose and expected outcome of the meeting? Consider accessible formats.
- Who is the best professional to chair? What can they do to gain the trust of the adult?
- Will all the meeting members behave in a way that includes the adult in the discussion?
- Think about ways to encourage to straightforward and inclusive communication, limit use of acronyms.
- Representation by informal carers/family or advocates. See **Appendix 14** - Advocacy

Recording and Sharing Information

A record should be made of the decisions and actions required. The record should be distributed to all relevant individuals and organisations and take account of data protection issues. See **Appendix 8** – Information Sharing. The record should include:

- Name of the adult at risk.
- Date and time of the meeting.
- Name and contact details of the EM.
- Names and contact details of attendees.
- Details of the incident or the concern, with time, location and relevant details to include the adults desired outcomes.
- An assessment of the risks for the adult and any other individuals, i.e. family carers, children etc., to consider the seriousness/severity of harm.
- Name of the person alleged to have caused/causing harm.
- Whether there were any witnesses.
- Record of action plan, person responsible and realistic timescales agreed with the adult at risk
- Name of the person(s) who will lead the enquiry if appropriate
- Formulation of a risk management plan
- Details about any disagreements and how these will be resolved.
- Date for an ERM, if required.
- The Chairperson of the Enquiry Planning Meeting and any subsequent review meeting should tell all participants that independent recording of the discussion is not permitted.

- This particularly applies to any intention to make a “covert” recording. Any participant may take brief “action notes” for example to remind them about follow up actions. All participants must be made aware that use of such notes is governed by the guidance on management of information generally and required respect for confidentiality. **Appendix 8** refers.

Carrying out and Monitoring Agreed Actions
Potentially there are a wide variety of actions to be undertaken. These may include Enquiries into the activities of staff or volunteers within services, agencies or others who are alleged to have caused harm. The expectation will be that the employing agency will take responsibility for this at the appropriate management level.

In situations where an allegation has been made against an informal or unpaid carer a decision will need to be made by the EM in consultation with other agencies, as necessary.

It is necessary for the NE and/or the allocated SAP to regularly review the situation to gather information and review any interim safeguarding plan. It is also essential to obtain regular feedback from all agencies or individuals undertaking actions as part of the enquiry.

Key actions to be considered with the adult at the centre of the concern are:
- To ensure risks are managed effectively
- Ensure progress is made against actions
- Identify any further actions required
- Record the actions decided
- Keep the adult informed of any progress

It may be possible for this to be achieved through a series of telephone calls or a small meeting. The need for a larger meeting is a matter for professional judgment and is more likely to be required when there are several agencies involved in the enquiry.

Continuing to work with the adult
It is important to emphasise that agreed actions and working with the adult at risk to achieve their desired outcomes may not always run according to plan. The adult at risk may choose to redefine their desired outcomes, or they may appear to not engage with services or options that were originally deemed to promote their safety or wellbeing.
Whilst it is vital to respect the adult at risk’s views, other factors may have to be considered.
Has the adult changed their mind? If so, why?
Are there issues of duress?
Are there any reasons to suggest it is necessary to undertake an assessment of mental capacity?
Check the adult at risk agrees with the actions.
Is the adult at risk not engaging? Consider using the protocol for working with adults who do not wish to engage with services and may be at serious risk of harm. See **Appendix 2** and **Appendix 7** Is access to the adult at risk being prevented? See **Appendix 7 and consider seeking relevant legal frameworks if a third party is preventing access to the adult and this does not appear to be in their best interests.**

Enquiry Review Meeting (ERM)

Purpose of ERM is to enable interagency, multi-disciplinary discussion to:
- Consider the details of the case and the information contained in all the NE’s Reports and a summary enquiry report if the SAP has been tasked to provide this by the EM. See **Appendix** 9– Enquiry Summary Report)
- Make a record about whether “Risk remains,” “Risk reduced” or “enquiry Ceased at Adult’s request “. This must be recorded in the ERM meeting notes.
- Consider the outcomes of any other internal enquiry/investigation.

- Consider the evidence and, if risk remains, plan what further safeguarding action is required.
- Obtain feedback from the adult at risk/representative about whether their outcomes have been met.
- Decide about the levels of current risks and a judgement about any future risks.
- Plan further action if the risks remain.
- Consider necessary regulatory action.
- Consider what legal or statutory action or redress is indicated.
- Review and amend the Safeguarding Plan and monitoring. Agree individual responsibilities for taking actions and timescales.
- Consider other statutory duties e.g. assessment of care and support needs etc.
- Consider closure if no further action under Section 42.
- Ensure “lessons learnt” are identified and disseminated accordingly.
- Feedback outcomes to person raising the concern, if agreed by the adult.

The default position must be to include the adult in the ERM if they want to be. To support this and effective participation of the adult at risk, the meeting could be in two parts. Always think about accessible venues. If it is necessary to share confidential information (e.g. concerning a third party involved in the concern or disciplinary action for staff) the adult may not be able to attend all the meeting.

It is important to record and communicate any decisions not to involve the adult in multi-agency meetings or collaborative discussions.

Evaluation of Outcomes
There are several possible outcomes of a Section 42(2) enquiry, the most likely being: outcomes met or not, risks removed, risk reduced, risks remain.

Either at or following the ERM the NE or the SAP must evaluate with the adult if/ to what extent their desired outcomes have been met, how they felt about the experience and review if an ongoing safeguarding plan is needed. The Local Authority and other agencies must also be satisfied that the adult can protect themselves and risks to others are minimised, reduced or removed.

No further action under the Safeguarding Adults Procedures

There are Safeguarding Adults concerns but the adult at risk has mental capacity, is living at home and they are confident that they can protect themselves from further harm and they do not wish any action to be taken under the procedures. Professionals must be confident that the adult at risk is making this decision without undue influence, threats or intimidation. If there are no other adults at risk from the person causing the harm, no further action is necessary. There should be clear agreement about this with the adult. They should be given information about preventing harm and neglect, possible sources of help and support and whom they can contact if they should change their mind, or the situation changes, and they no longer feel able to protect themselves.

If a concern persists and the adult at risk’s refusal to consent to action is seen to have resulted from fear, loyalty, coercion or disempowerment as the result of long-term or persistent harm, action under the procedures will continue and a multi-agency decision made about the best way to engage with the adult and consider the legal powers available to intervene to prevent further harm.

A decision to discontinue the Safeguarding Adults process must be agreed by all relevant organisations and recorded and signed off by the EM. The reasons for closing the Safeguarding Adults concern should be recorded, and a copy sent to ERM attendees if relevant. The person raising the concern should be informed unless inappropriate to do so. The adult at risk should have a copy of the decisions that considers issues of confidentiality and the need for protection of personally identifiable information. See **Appendix 8.**

Closing the safeguarding adult enquiry

The safeguarding adult enquiry can be closed following review or when the safeguarding plan is no longer required. This will be when the adult is no longer at risk of abuse or neglect, or risks have reduced and can be managed or monitored through single agency processes, e.g. assessment and support planning processes, community policing responses, health service monitoring.

An adult with capacity can opt for the safeguarding enquiry to be closed if it only concerns him/herself and no crime was committed. The Local Authority is likely to agree this where the concerns do not relate to serious harm. All decisions about concluding the safeguarding enquiry should be made by, or in agreement with, the local authority and other agencies involved, and should be recorded with the rationale for the decision.

When the safeguarding enquiry is concluded, feedback on the outcomes should be shared with the following agencies/individuals as appropriate:

- The adult.
- Their representative or advocate.
- The person / agency who raised the safeguarding concern.
- The person / agency who were identified as the potential source of risk.
- Key partner agencies.
- Any other involved stakeholder agency/individual.

The consent of the adult to share information should be gained, and usual information sharing rules apply. See Appendix 8 – Information Sharing. Resolution of Disagreements

Where disagreements from any agency cannot be resolved by discussions between front line workers or attendees at meetings, the issue should be raised with line managers or Safeguarding Adult Leads, who will try to resolve differences and prevent delays. If they cannot resolve the issue, it can be escalated further. Disagreements, whilst most uncommon, can arise at any point. They may relate to circumstances where there is a decision to be made about how a particular concern, or set of concerns, is responded to or related to the way processes are dealt with. In general terms, the local authority has the final responsibility for safeguarding but will always seek to ensure its decisions and reasons are as transparent as possible.

Guidance for professional staff from different agencies and who disagree about actions taken or to be taken is at **Appendix 21**

References and related information

Care Act 2014
Department of Health (2014)
Care Act 2014 Care and support statutory guidance (2021)
Human Rights Act 1998
Mental Health Act 1983
Mental Capacity Act 2005 (including the Deprivation of Liberty Safeguards – which will be replaced by the Liberty Protection Safeguards)
Equality Act 2010
General Data Protection Regulations (GDPR) 2018.

Safeguarding Adults Board Websites

www.bcpsafeguardingadultsboard.com, Dorset Safeguarding Adults Board - Dorset Council

Information on these sites includes: *Multi-Agency Safeguarding Adults Polic, Multi-Agency self-neglect and hoarding guidance, Self-neglect toolkit, MARM Guidance, MAPPA and Safeguarding factsheets.*

Appendices

Appendix 1 - Glossary

Glossary of terms and conditions

A&E (accident & emergency) a common name in the UK for the emergency department of a hospital.

Abuse the Care Act Statutory guidance does not provide a general definition of what constitutes abuse, harm or neglect so as not to limit thinking in this area. It is recognised that abuse or neglect can take many forms, and the circumstances of the adult should always be considered. The following are identified as common types of abuse or neglect - physical, sexual, emotional, psychological, financial, material, neglect, acts of omission, discriminatory, organisational, domestic abuse, modern slavery and self-neglect (this list is not exhaustive).

ACPO (**Association of Chief Police Officers)** an organisation that leads the development of police policy in England, Wales and Northern Ireland.

ADASS (Association of Directors of Adult Social Services) the national leadership association for directors of local authority adult social care services.

Adult, Adult at risk or Adult with care and support needs refer to a person aged 18 or above who has had a Safeguarding Concern prompted about them, because they are thought to be experiencing harm or abuse. They are likely to be offered support if they have care and support needs (whether or not the local authority is meeting any of those needs) and they are experiencing, or at risk of, abuse or neglect and particularly if they are unable to protect themselves from either the risk of, or the experience of abuse or neglect.

Adult Safeguarding the term used to cover all work undertaken to support adults with care and support needs to maintain their own safety and well-being. It describes the preventative and responsive actions undertaken to support adults who are experiencing, or at risk of experiencing abuse or neglect

Adult safeguarding contact points the place where safeguarding concerns are raised within the local area. This is the local authority single point of contact. The details are on page 5.

Adult safeguarding co-ordinator/lead these titles or similar are used to describe an individual who has safeguarding lead responsibilities across an organisation. For example, supporting the work of the Safeguarding Adults Board (SAB) and/or advising on adult safeguarding cases in the local authority. The role varies from council to council and carries different titles.

Adult safeguarding process refers to the decisions and subsequent actions taken on receipt of a concern. This process can include safeguarding meetings or discussions, Enquiries, a safeguarding plan and monitoring and review arrangements.

Advocacy taking action to help adults who experience substantial difficulty contributing to the safeguarding process to say what they want, secure their rights, represent their interests and obtain the services they need.

Appropriate adult is an individual who provides support to a “vulnerable adult” (adult with care and support needs) who is suspected of committing a crime to ensure their interests are protected during detention and the police investigation. This role can be undertaken by a parent, guardian, and social worker of a local authority or other responsible adult over the age of 18 who is not a police officer or employed by the police.

Assessment and support planning the process of assessment of need, planning and co-ordinating care for adults with care and support needs to meet their long-term care needs, improve their quality of life and maintain their independence for as long as possible.

Caldicott Guardian is a senior person responsible for protecting the confidentiality of people's health and care information and making sure it is used properly. All NHS organisations and local authorities which provide social services must have a Caldicott Guardian.

Care and Support needs the mixture of practical, financial and emotional support for adults who need extra help to manage their lives and be independent – including adults who are more frail, with a disability or long-term illness or those with mental health problems, and family carers. Care and support includes assessment of people's needs, provision of services and the allocation of funds to enable an adult to purchase their own care and support. It could include care home, domiciliary care, personal assistants, day services, or the provision of aids and adaptations.

Care setting/services includes health care, nursing care, social care, domiciliary care, social activities, support setting, emotional support, housing support, emergency housing, befriending and advice services and services provided in someone's own home by an organisation or paid employee for an adult by means of a personal budget (PB), direct payment or funded by the adult themselves.

Clinical governance the framework through which the National Health Service (NHS) improves the quality of its services and ensures high standards of care.

Coercion and control refers to circumstances where a person with whom an adult is personally connected repeatedly behaves in a way which makes him/her feel controlled, dependent, isolated or scared. It became law as part of the Serious Crime Act, 2015.

Consent the voluntary and continuing permission of the person to the intervention based on an adequate knowledge of the purpose, nature, likely effects and risks of that intervention, including the likelihood of its success and any alternatives to it.

Community Mental Health Team (CMHT) a team of professionals and support staff who provide specialist mental health services to adults within their community.

CPA (Care Programme Approach) introduced in England by the then Dept of Health in 1990 the CPA requires health authorities, in collaboration with social services departments, to put in place specified arrangements for the care and treatment of adults with mental ill health in the community. The approach is not an alternative to utilising the safeguarding procedures. It can however be used to enhance the ongoing support following a safeguarding enquiry. The actual contact and support to a person may continue and therefore he/she may still be in receipt of care management or CPA input in which case their situation will be reviewed through those processes. This will include monitoring the safeguarding plan, as necessary.

CPS (Crown Prosecution Service) the government department responsible for prosecuting criminal cases investigated by the police in England and Wales.

CQC (Care Quality Commission) responsible for the registration and regulation of health and social care provision in England.

Criminal Justice and Courts Act 2015 which has extended wilful neglect to all in receipt of services not just adults who lack capacity under the Mental Capacity Act or who are defined as having a mental illness under the Mental Health Act.

Cuckooing and County Lines. In July 2017, the Home Office issued "Criminal Exploitation of children and vulnerable adults: County lines guidance", providing detailed explanations and

examples. County lines is the term used by Police forces when gangs supply drugs to suburban areas and market and coastal towns using mobile phone lines. It involves criminal exploitation as gangs use children, young people and adults at risk to move drugs and money. Gangs establish a base in towns, typically by taking over the homes of local vulnerable adults by force or coercion. This is known as cuckooing.

County lines is a major, cross cutting issue involving drugs, violence, gangs, safeguarding, criminal and sexual exploitation, modern slavery and missing persons.

The response to tackle it involves the police, the National Crime Agency, a wide range of Government departments, local government agencies and voluntary and community organisations.

DAA/ IDVA (Domestic Abuse Advisor/ Independent Domestic Violence Advisor) a trained support worker who helps and advises victims of domestic violence.

DHSC (Department of Health and Social Care) the government's strategic leadership for public health, the NHS and social care in England.

DHR (domestic homicide review) a review of the circumstances in which the death of an adult aged 16 or over has, or appears to have, resulted from violence, abuse or neglect by (a) a person to whom she or he was related or with whom she or he was or had been in an intimate personal relationship, or (b) a member of the same household as herself or himself. A DHR is held with a view to identifying the lessons to be learned from the death.

DBS (Disclosure and barring service) is a non-departmental public body of the Home Office of the United Kingdom. It supports organisations in the public, private and voluntary sectors to make safer recruitment decisions by identifying candidates who may be unsuitable for certain work, especially that involve children or adults, and provides wider access to criminal record information through its disclosure service for England and Wales.

DoLS (Deprivation of Liberty Safeguards) is an amendment to the MCA (2005) and provides safeguards for adults who lack capacity specifically to consent to treatment or care in either a hospital or care home that, in their own interests, can only be provided in circumstances that amount to a deprivation of liberty. In March 2014, a judgment was made in the Supreme Court regarding two cases which have had a significant effect on DOLS work. The two cases are-

- "P v Cheshire West and Chester Council and another"
- "P and Q v Surrey County Council"

The full judgment can be found here
https://www.mhla.co.uk/news/p-v-cheshire-west-and-chester-council-and-p-and-q-v-surrey-county-council/

Domestic Abuse is any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to: psychological, physical, sexual, financial, and emotional harm. Domestic Abuse Act 2021 overarching factsheet

DPA (Data Protection Act) an Act to make provision for the regulation of the processing of information relating to adults, including the obtaining, holding, use or disclosure of such information. Data Protection

DVCVA (Domestic Violence, Crime and Victims Act 2004) is an Act of the Parliament of the United Kingdom. It is concerned with criminal justice and concentrates upon legal protection and assistance to victims of crime, particularly domestic violence. It also expands the provision for trials without a jury, brings in new rules for trials for causing the death of a child or vulnerable

adult (also known as an adult with care and support needs) and permits bailiffs to use force to enter homes.

DVCV(A)A (Domestic Violence, Crime and Victims (Amendment) Act 2012) Act to amend section 5 of the Domestic Violence, Crime and Victims Act 2004 to include serious harm to a child or vulnerable adult (also known as an adult at risk): to make consequential amendments to the act; and for connected purposes.

DWP (Department for Work and Pensions) government department responsible for welfare and employment issues.

Enquiry is a range of actions undertaken or instigated by the Local Authority under Section 42 of the Care Act in response to a concern about abuse or neglect of an adult with care and support needs. As Section 42 requires the adult to have both care and support needs, the duty to undertake Enquiries will not typically extend to family carers unless they have care and support needs in their own right.

Equality Act 2010 The Equality Act is a law which protects people from discrimination. It means that discrimination or unfair treatment on the basis of certain personal characteristics, is now against the law in almost all cases. The 9 protected characteristics are: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation.

FGM (female genital mutilation) is defined by the World Health Organisation (WHO) as 'all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons.'

FGMA (Female Genital Mutilation Act 2003) An Act to restate and amend the law relating to female genital mutilation.

GP (General Practitioner) a general practitioner is a doctor who is responsible for diagnosing and treating a variety of injuries and diseases that fall under the general practice category.

Healthwatch is the independent consumer champion for health and social care, and the organisation has significant statutory powers to ensure the voice of the consumer is strengthened and heard by those who commission, deliver, and regulate health and social care services.

HMIPs (Her Majesty's Inspectorate of Prisons) an independent inspectorate which reports on conditions for and treatment of those in prison, young offender institutions and immigration detention facilities.

Hoarding Disorder is a recognised mental disorder which requires formal diagnosis, as with other mental health issues, such as depression. More information can be found here.

HR (Human Resources) the division of an organisation that is focused on activities relating to employees. These activities normally include recruiting and hiring of new employees, orientation and training of current employees, employee benefits, and retention.

HRA (Human Rights Act 1998) legislation introduced into domestic law for the whole of the UK in October 2000, to comply with the obligations set out in European Convention of Human Rights. S73 of the Care Act 2014 extends the provisions of the Human Rights Act to protect adults who are in receipt of personal care in the place where they reside at the time under the following circumstances. The care is arranged or commissioned (partly or wholly) by a relevant Authority (public body currently covered by the Act).

HRDA (High Risk Domestic Abuse) is a multi-agency, whole family focused process where information is shared on the highest risk cases of domestic violence and abuse between

different statutory and voluntary sector agencies. HRDA builds on the previously used MARAC (Multi-Agency Risk Assessment Conference) model that continues to operate in BCP (Bournemouth, Christchurch and Poole) and other parts of the UK. HRDA brings together daily professional meetings and a monthly management meeting. cases of domestic violence and abuse between different statutory and voluntary sector agencies.
See www.dorsetcouncil.gov.uk/hrda

HSCA (Health and Social Care Act 2012) provides legislative changes to the health and care system including giving GPs and other clinicians the primary responsibility for commissioning health care.

HSE (Health and Safety Executive) a national independent regulator that aims to reduce work-related death and serious injury across workplaces in the UK.

Ill treatment or wilful neglect these are two separate offences outlined in the MCA 2005 (Section 44), the MHA 1983 (section 127) and the Criminal Justice and Courts Act (2015) introduces two new offences of Ill-treatment or wilful neglect: care worker offence (Section 20); Ill-treatment or wilful neglect: care provider offence (Section 21). The offence of Ill treatment involves deliberately ill-treating the adult or being reckless in the way they were ill-treating the adult or not. It does not matter whether the behaviour was likely to cause, or caused, harm or damage to the victim's health. Wilful neglect varies depending on the circumstances but will usually mean an individual has deliberately failed to carry out an act they knew they had a duty to do. (Genuine errors or accidents by individuals fall outside of the scope of these offences.

IMCA (Independent Mental Capacity Advocate) established by the Mental Capacity Act (MCA) 2005 IMCAs are mainly instructed to represent adults where there is no one independent of services, such as family, partner or friend. IMCAs are a legal safeguard for adults who lack the mental capacity to make specific important decisions about where they live, serious medical treatment options, care reviews or adult safeguarding concerns.

IMHA (Independent Mental Health Advocate) An IMHA is an independent advocate who is specially trained to work within the framework of the Mental Health Act 1983 to support adults to understand their rights under the Act and participate in decisions about their care and treatment.

Independent Office of Police Conduct (IOPC) oversees the police complaints system in England and Wales. It is independent, making its decisions entirely independently of the police, government and complainants.

Informal Carer refers to unpaid carers for example, relatives or friends of the adult with care and support needs. Paid workers, including personal assistants, whose job title may be 'carer', are called 'staff' or professionals within this document.

Inherent jurisdiction Adults who have mental capacity are outside the jurisdiction of Mental Capacity Act 2005. The High Court can use its inherent jurisdiction in specific circumstances to intervene to protect adults with care and support when it is evidenced the adult is unable to make a decision that is free from influence or coercion from a third party.

Integrated Care Board (ICB) A commissioning body responsible to NHS England for commissioning healthcare services in a defined area.
Intermediary someone appointed by the courts to help a vulnerable witness give their evidence either in a police interview or in court.

Making Safeguarding Personal is a set of principles that all professionals follow and is about having conversations with adults about how we might respond in safeguarding situations in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing and safety. It is a shift from a process supported by conversations to a series of conversations supported by a process.

MAPPA (multi-agency public protection arrangements) statutory arrangements for managing sexual and violent offenders.

MARM (Multi-Agency Risk Management) guidance concerns arrangements to hold meetings concerning adults at risk in the community experiencing a high or unmanageable level of risk because of circumstances which might cause harm to themselves or others. Where this potentially relates to harm or abuse caused by others a MARM meeting should only be held by agreement with the local Safeguarding Team that there is no conflict with the need to pursue the matter under Section 42 (ii) of the Care Act Safeguarding Regulatory Guidance. Some MARM discussions will be held about adults are self-neglecting. The full set of criteria are included within the MARM Guidance

MARAC (Multi-Agency Risk Assessment Conference) the multi-agency forum of organisations that manage high-risk cases of domestic abuse, stalking and 'honour'- based violence.

Mate crime
Is a form of crime in which a perpetrator befriends an adult at risk with the intention of then exploiting the adult financially, physically or sexually. Mate crime perpetrators take advantage of the isolation and vulnerability of their victim to win their confidence.

Mental capacity refers to whether someone has the mental capacity to make a decision or not.

MCA (Mental Capacity Act 2005) The Mental Capacity Act 2005 provides a statutory framework to empower and protect people aged 16 and over who lack, or may lack, mental capacity to make certain decisions for themselves because of illness, a learning disability, or mental health problems. The act was fully implemented in October 2007 and applies in England and Wales.

MHA (Mental Health Act 2007) amends the Mental Health Act 1983 (the 1983 Act), the Mental Capacity Act 2005 (MCA) and the Domestic Violence, Crime and Victims Act 2004. This includes changing the way the 1983 Act defines mental disorder, so that a single definition applies throughout the Act, and abolishes references to categories of disorder.

NCA (National Crime Agency) a non-departmental public body of the government with a remit to tackle serious organised crime.

NHS (National Health Service) the publicly funded health care system in the UK.

Nominated Enquirer a professional appointed from one or more agency to undertake specific tasks as part of the Section 42 enquiry. It is essential to involve the adult/s at the centre of the concern from the start of the safeguarding activity and the nominated enquirer (who might the be SAP) will obtain their views.

Offender Assessment System (OAS) a standardised process for the assessment of offenders developed jointly by the Probation and the Prison Services.

Office of the Public Guardian (OPG) established in October 2007, the OPG supports the Public Guardian in registering enduring powers of attorney, lasting powers of attorney and in supervising Court of Protection appointed deputies. The OPG have produced a revised safeguarding strategy (July 2017) about how they will respond to concerns and work with others to keep people safe.

Out of Hours duty officer the social worker on duty in the Local Authority's Out of Hours Service which is an Adult Social Care team that responds to out-of-hours referrals where intervention from the council is required to protect a vulnerable child or adult with care and support needs, and where it would not be safe, appropriate or lawful to delay that intervention to the next working day.

Out of Hours Service (GP) this is provided through the 111 telephone number.

Police and Criminal Evidence Act 1984 (PACE) and the PACE codes of practice provide the core framework of police powers and safeguards around stop and search, arrest, detention, enquiry, identification and interviewing detainees

Patient Advice and Liaison Service (PALS) a body created to provide advice and support to National Health Service (NHS) patients and their relatives and family carers.

Patient Safety Incident Response Framework (PSIRF) sets out the NHS's approach to developing and maintaining effective systems and processes for responding to patient safety incidents for the purpose of learning and improving patient safety (replaces SIRI (serious incident requiring investigation (SIRI))

Personal budget (PB) is money allocated to an adult for social care services, based on the needs of the adult following an assessment and could be managed by councils or another organisation (such as an ICB) on behalf of adults or paid as a direct payment, or a mixture of both.

Public Interest Disclosure Act 1998 (PIDA) An Act to protect adults who make certain disclosures of information in the public interest; to allow such individuals to bring action in respect of victimisation; and for connected purposes.

Police, Prison and Probation Ombudsman (PPO) The Prisons and Probation Ombudsman is appointed by the Home Secretary and is an independent point of appeal for prisoners and those supervised by the Probation Service. It will take appeals from offenders and ex-offenders who are not satisfied with the handling of a complaint by the Prison Service, a prison or the National Probation Service.

People in positions of trust (PiPoT) This refers to a person, whether an employee, volunteer or student, paid or unpaid who works with or cares for adults with care and support needs. It may also include elected officials.

Prevent - This refers to a programme which is part of the U.K. Counter Terrorism Act 2015

Professional – Is a term used within this document to describe a range of people employed to provide different services to adults. For example, Social Worker, Nurse, Police Officer, Doctor etc. The general term 'staff' is also used when referring to people employed by organisations.

Protection of Freedoms Act (2012) An Act which addresses safeguarding vulnerable groups, criminal records etc. amending the Safeguarding Vulnerable Groups Act (2006) and introducing the Disclosure and Barring Service (replacing the previous vetting and barring scheme).

Public interest a decision about what is in the public interest needs to be made by balancing the rights of the adult to privacy with the rights of others or society to protection.

Quality Assessment Framework (QAF) was introduced in 2003 and sets out the standards expected in the delivery of Supporting People services.

Safeguarding Adults Board (SAB) represents various organisations in a local authority who are involved in adult safeguarding.

Safeguarding Plan a risk management plan aimed at removing or minimising risk to the adult and others who may be affected if it is not possible to remove the risk altogether. It will need to be monitored, reviewed and amended/revised as circumstances arise and develop.

Safeguarding Adults Practitioner (SAP) the professional in the Local Authority who will have oversight for and monitor the safeguarding enquiry and Plan about an allegation of abuse, harm or neglect. The SAP may also be a nominated enquirer and may lead in some circumstances.

Safe Lives a national charity supporting a strong multi-agency response to domestic violence. The DASH (Domestic Abuse, Stalking and Harassment and Honour-based violence) risk identification checklist (RIC) was developed by Safer Live and the Association of Chief Police Officers (ACPO).

Safeguarding Adults Review (SAR) a review of the practice of agencies involved in a safeguarding matter. An SAR is commissioned by the Safeguarding Adults Board (SAB) when a serious incident(s) of adult abuse takes place or is suspected. The aim is for agencies and individuals to learn lessons to improve the way they work.

SVGA (Safeguarding Vulnerable Groups Act) (2006) to make provision in connection with the protection of children and vulnerable adults (also known as adults with care and support needs). The Act provides the legislative framework for Vetting and Barring Scheme, put into place by the Independent Safeguarding Authority.
Vital interest a term used in the Data Protection Act (DPA) 1998 to permit sharing of information where it is critical to prevent serious harm or distress, or in life-threatening situations.

Wellbeing The Care Act 2014 states “Wellbeing” is a broad concept, and it is described as relating to the following areas in particular: personal dignity (including treatment of the adult with respect); physical and mental health and emotional wellbeing; protection from abuse and neglect; control by the adult over day-to-day life (including over care and support provided and the way it is provided); participation in work, education, training or recreation; social and economic wellbeing; domestic, family and personal relationships; suitability of living accommodation and the adult’s contribution to society.

Youth Justice and Criminal Evidence Act (YJCEA) (1994) an Act to provide for the referral of offenders under 18 to youth offender panels; to make provision in connection with the giving of evidence or information for the purposes of criminal proceedings; to amend section 51 of the Criminal Justice and Public Order Act 1994; to make pre-consolidation amendments relating to youth justice; and for connected purposes. This includes special measures directions in case of vulnerable and intimidated witnesses.

Appendix 2 – Self-neglect and hoarding

Adults who self-neglect or hoard may be open to accepting support, care or conversation; in these circumstances, case management and not safeguarding is likely to be the most appropriate approach.

However, they may decline for many reasons. Detailed Self-neglect and hoarding guidance can be found here:
https://www.bcpsafeguardingadultsboard.com/uploads/7/4/8/9/74891967/self_neglect_and_hoarding_v2.0_final.pdf

The Bournemouth, Christchurch and Poole and Dorset Safeguarding Adults Boards Self-Neglect and Hoarding Guidance should also be read in conjunction with **Appendix 7** (Adults at risk who do not wish to engage).

When working with adults who present with either self-neglect or hoarding behaviours, it is important for professionals to adopt a curious approach, to seek to understand why the adult is behaving or making the choices they appear to be making, to seek to understand the adult's behaviours, choices and what is important to them. Adults may self-neglect or hoard for many reasons, a common link can be a history of trauma in the adult's life. It is important for professionals to understand the principles of Trauma Informed Practice.

Trauma-Informed Practice in Health & Social Care
Trauma-informed practice is an essential approach that acknowledges the widespread impact of trauma and understands potential paths for recovery. This practice approach is rooted in the understanding that trauma can significantly affect a person's mental, emotional, and physical well-being. Professionals and organisations should adopt a trauma-informed approach when undertaking Safeguarding activities, to create a safe and supportive environment for adults they have contact with, recognising the signs and symptoms of trauma and integrating this knowledge into their practice.

Understanding Trauma
Trauma can result from various experiences, including abuse, neglect, violence, and other adverse events. It affects individuals differently, influencing their behaviour, relationships, and overall functioning. Trauma-informed professionals should recognise that trauma is pervasive and can have long-lasting effects on an adult's life. They should understand that behaviours, which may be seen as problematic, may be coping mechanisms developed in response to traumatic experiences (follow link for more information).

Principles of Trauma-Informed Practice

1. **Safety**: Ensuring physical and emotional safety for adults, making sure they feel secure and respected.
2. **Trustworthiness and Transparency**: Building trust through clear communication and consistent practices helps adults feel more comfortable and engaged.
3. **Peer Support**: Encouraging connections with others who have experienced similar trauma can provide adults with a sense of belonging and understanding.
4. **Collaboration and Mutuality**: Working together as partners, recognizing that healing happens in relationships, sharing power and decision-making.
5. **Empowerment, Voice, and Choice**: Empowering adults by validating their experiences and encouraging them to take an active role in keeping themselves safe or in their ongoing recovery journey fosters resilience and self-efficacy.

Benefits of Trauma-Informed Practice
Adopting a trauma-informed approach can lead to better outcomes for adults. It helps in building stronger therapeutic relationships, reducing the risk of re-traumatization, and promoting recovery. Adults are likely to feel more understood and supported, which can enhance their engagement and improve their overall wellbeing.

Practice Point
It is important to be aware (follow link for more information) that re-traumatisation can occur when talking about specific events. In general, make it clear to the adult that they are not required, and are in fact discouraged, from talking about the specific details of trauma. When gathering information, it is not necessary to know the full details – but rather the impact of trauma and any recovery. Consider providing the adult with information about Steps to Wellbeing services, if appropriate. Consider whether it is indicated that the effects of the trauma may be causing the person to struggle with making decisions or with carrying out tasks (see **Appendix 15** (Mental Capacity Act and Deprivation if Liberty Safeguards).

The following pages provide suggested templates for agencies to adopt within their own guidance as appropriate;

Professionals Checklist - To support decision making of whether a concern meets the criteria of self-neglect/hoarding

Adult causing concerns:
Address:
Personal Identifier NHS Number or IT number if known: D.O.B:
Professional Completing Checklist: Date Completed:

*Please add any comments/justification/evidence in the box on the rear of this form

	Issues for consideration when deciding if an adult is seriously self-neglecting /Hoarding.	YES	NO
1	Is the adult physically frail, has a physical disability, learning disability, mental health needs (including history of trauma see Appendix 2), long term condition or misuses substances or alcohol?	☐	☐
2a	Does the adult have capacity to make decisions about their health, care and support needs? Also consider Executive functioning.	☐	☐
2b	Has a formal mental capacity assessment been undertaken?	☐	☐
2c	If the adult lacks capacity to understand they are self- neglecting has a best interest meeting taken place?	☐	☐
3	Is the adult unwilling or failing to perform essential self-care tasks?	☐	☐
4	Is the adult living in unsanitary accommodation possibly squalor?	☐	☐
5	Is the adult unwilling or failing to provide essential clothing, medical care for themselves necessary to maintain physical health, mental health and general safety?	☐	☐
6	Is the adult neglecting household maintenance to a degree that it creates risks and hazards?	☐	☐
7	Does the adult present with some eccentric behaviour and do they obsessively hoard and is this contributing to the concerns of self-neglect?	☐	☐
8	Is there evidence to suggest poor diet or nutrition e.g. very little fresh food in their accommodation/mouldy food identified?	☐	☐
9	Is the adult declining prescribed medication or health treatment and is this having a significant impact on their wellbeing?	☐	☐
10	Is the adult declining or refusing to allow access to healthcare and/or social care staff in relation to their personal hygiene?	☐	☐
11	Is the adult refusing to allow access to other agencies or organisations such as utility companies, fire and rescue, ambulance staff, housing or landlord?	☐	☐
12	Is the adult unwilling to attend appointments with relevant health or social care staff?	☐	☐
13	Have interventions been tried in the past and not been successful?	☐	☐
14	Has the adult disengaged with family/friends? (If no, consider whether family/friends may be able to assist with engagement when planning interventions.)	☐	☐
15	Is the impact of the adult's self-neglect impacting on anyone else? e.g. family members, partners, neighbours, etc.	☐	☐
16.	Are there children living in the accommodation or being affected? (If yes, consider whether Children's Social Care need to be made aware.)	☐	☐

N.B: If the adult has care & support needs and you have ticked ‘Yes’ in two or more of the areas identified above then consideration must be given to instigating a Multi-Agency Risk Management (MARM) Meeting – discuss concerns and planned action with your line manager where necessary, including escalation to Section 42(2) Enquiry.

Comments/justification/evidence relating to issues raised

INSERT RELEVANT LOGO

Template letter for Managing Situations of Concern relating to Self-Neglect and Hoarding

Sender's address and contact telephone number

Address

Please ask for:
Ref:

Date:

Dear

Multi-agency risk management meeting – self-neglect and/or hoarding concerns.

You are in receipt of this letter because you or the agency you work for are aware of concerns about the adult named below. You are invited to attend or send a representative.

Name of Adult at Risk:	
Address:	
Date of Birth:	

Date of Meeting:		Time of Meeting:	
Venue:			
Chair's Name:		Tel. No.:	
Reason for Meeting:			

This meeting has been arranged to discuss the issues relating to the adult at risk of self- neglect and/or hoarding. Their safety and welfare will be the most important consideration of the meeting. The meeting has been convened in accordance with the "Bournemouth, Christchurch & Poole and Dorset Multi-Agency Safeguarding Adults Policy & Procedures" and will follow the attached agenda. All meeting attendees should be aware that the information exchanged is confidential to the parties involved, and only to be shared on a need to know basis.

If you are unable to attend or send a representative please inform the Chair, (name and contact details shown above), as soon as possible.

Yours sincerely

Name
Job Title

The following persons have been invited to attend:

Enc: Agenda for Safeguarding Adults Multi-Agency Risk Management Meeting - Self-Neglect and Hoarding

- Statement of Confidentiality and Equal Opportunities/Completion of Signing in Sheet (Contact details to be provided for distribution of notes).
- Introductions and Apologies.
- Details of the Adult at Risk (Name/Date of birth/Address/GP/Family/partner if known).
- Background to the concerns. (To include what interventions and/or actions have been tried previously).
- Consideration of the Adults at Risk's capacity around the health and wellbeing and any other relevant decisions. Are formal assessments required? Are Best Interest Decisions indicated?
- Identification of the potential need to engage with an Advocate.
- Relevant Information sharing from each agency.
- Establish if the Adult at Risk is aware that professionals have concerns and if their consent has been gained to be the subject of the Risk Management Meeting. If this is not known at this stage decide how obtaining consent will be achieved and record as an action. Discuss what action may be taken if consent is not obtained.
- Assessment of the risks – agree severity and any evidence to support views.
- Agree actions to manage/reduce risks. Identify actions to be taken and by whom and by when.
- Identify and agree who is the most appropriate person to talk with the adult at risk following the meeting; support and empower them to make any decisions and take agreed actions.
- Agree how the risks will be monitored and by whom.
- Review - agree at timescale for a review of the risks and the situation (where possible).

INSERT RELEVANT LOGO

Self-Neglect and Hoarding Multi-Agency
Risk Management Meeting Notes Template

Adult at Risk of Abuse details
Name: Address: Date of Birth: Age: Gender: Male ☐ Female ☐ Adult/Identifier: Date of referral: GP details: Name of lead agency: Name of Chair: Date of Meeting:
Statement of Confidentiality & Equal Opportunities/Completion of Signing in Sheet.
These were circulated and read, Signing in Sheet confirms agreement.
Introductions:
Introductions were made by all those who attended
Background
Relevant Information Sharing (from each agency represented)

Consideration of Capacity & Potential Need for Advocacy
Establish Consent & wishes/desired outcomes of Adult at Risk.

Identify Risks – Risk Management & Reduction Plan
Note: The contents of the risk management and reduction plan must be transferred to a separate risk and assessment plan that should be updated as necessary to reflect any changing circumstances.

IDENTIFY RISK	**ACTION TO BE TAKEN**	**BY WHOM**	**BY WHEN**

Appendix 3 – Roles and Responsibilities of other Agencies

Roles and Responsibilities of other Agencies
Enquiries conducted by other agencies

Type of enquiry / risk assessment	Agency responsible
Criminal (Including assault, theft, fraud, misuse of property, possessions or benefits with criminal intent, hate crime, domestic violence and abuse or wilful neglect of an adult lacking capacity).	Police.
Domestic violence or abuse – serious risk of harm.	Relevant organisation carries out a Safe Lives risk assessment and referral to MARAC. Police are lead agency
Fitness of registered service provider.	CQC
Unresolved serious complaint in healthcare setting.	CQC/ ICB and other bodies
Breach of rights of adult detained under the Mental Capacity Act 2007 Deprivation of Liberty Safeguards (DoLS).	CQC Supervisory body e.g.: LA
Breach of terms of employment/ disciplinary procedures.	Employer
Breach of professional code of conduct.	Professional regulatory body
Breach of health and safety legislation and regulations.	Health and Safety Executive (HSE) Environmental Health Dept.
Complaint regarding failure of service provision (Including neglect of provision of care and failure to protect one service user from the actions of another).	Manager/ proprietor of service/ complaints department. CQC Ombudsman (if unresolved through complaints procedure).
Breach of contract to provide care and support.	Service commissioner (e.g.: social services, ICB, Housing).
NHS providers and providers of care are required to comply with the duty of candour meaning providers must be open and transparent with adults at risk about their care and treatment, including when it goes wrong. The duty is part of the fundamental standard requirements for all providers. It applies to all NHS trusts, foundation trusts and special health authorities and for all other providers, including social care.	All organisations regulated by CQC.

Assessment of need for health and social care provision (adults at risk and informal carers).	Social Services, NHS/ CMHT/ care trust.
Access to health and social care services to reduce risk of harm/ neglect.	Social Services, NHS/ CMHT/ care trust.
Misuse of enduring or lasting power of attorney or misconduct of or complaints against a court-appointed deputy.	OPG/ Court of Protection/ Police.
Person making inappropriate decisions about the care and well-being of an adult at risk who does not have mental capacity to make decisions about their safety which is not in their best interests.	OPG/ Court of Protection. www.gov.uk/court-of-protection
Misuse of appointeeship.	Department of Work and Pensions.
Anti-social behaviour (e.g.: harassment and nuisance by neighbours).	Police. Community Safety Team, Local Authority
Breach of tenancy agreement (e.g.: harassment and nuisance by neighbours).	Landlord/ registered social landlord/ Housing Trust/ Community Safety Team.
Bogus callers or rogue traders.	Police and Trading Standards officers.

The role of the General Practitioner in Safeguarding Adults
GPs have a significant role within Safeguarding Adults and should receive appropriate training in this area. They should be able to identify adults in their care who may be at risk of potential or actual harm. They need to ensure they have processes in place to recognise and report such issues in line with these Multi Agency Safeguarding Adults Policy and Procedures, as this can be a vital first step in ensuring that the adult receives necessary support. They should contribute to strategy discussions, case conferences and protection plans where requested.

Additional Resources: British Medical Association: Adult Safeguarding Toolkit – a toolkit for general practitioners

Role of all Health Commissioner and Provider Employees
Both Health Commissioners and Providers have safeguarding responsibilities. In commissioning it is important that all services are commissioned in accordance with safeguarding principles and that these are reflected in performance outputs required and in contract compliance. For Provider services the safeguarding principles equally apply as do Care Act responsibilities. It is therefore important to consider any interface between Provider regulatory requirements e.g. PSIRF, 'Never' Events in terms of all notifications also required in respect of safeguarding and the Care Act.

Empowerment is about involvement, having information to make choices and consent to care and treatment. This applies in day-to-day care and responses to harm and abuse.

Compliance with the Mental Capacity Act 2005 and Equalities Act 2010 are fundamental to safeguarding adults. This legislation provides important protection for patients who may be particularly at risk of harm e.g. adults with impaired mental capacity.

Partnerships with adults and informal carers will enable the personalised care that is fundamental to preventing harm, neglect and abuse. The Government's carers' strategy (DH) outlines the importance of recognising the expertise of informal carers and supporting them in their role–this is an important component of prevention and responses to harm and abuse.

Accountability relates to how services are held to account for the quality of care. This will include taking additional measures to listen to adults their informal carers and families, who may be most vulnerable and could be marginalised. Healthcare professionals will help services identify potential risks as part of preventing poor care, neglect and harm i.e. communication that is culturally competent and appropriate to the needs of disabled people. Accountability to adults is also about how allegations of harm or abuse are managed, measuring success against the adult's expressed desired outcomes. Local Health Watch, advocacy and advice services will be important mechanisms to support adults in the most vulnerable situations, to make informed choices and to complain. Health Watch will ensure the views of adults, informal carers and the public are represented to commissioners and work alongside the role of public members.

All health professionals have duties under the Children and Families Act (2014) and Working Together to Safeguard Children (2018) to identify and respond where children may be at risk of harm and should consider the implications for children when responding to all safeguarding adults' concerns.

All Employees and Volunteers

The priority is always the safety of children, young people and adults at risk.
All employees and volunteers from any service or setting should know about this policy and procedures. All employees and volunteers from any service or setting who have contact with adults at risk have a responsibility to be aware of issues of harm, neglect or exploitation. This includes personal assistants paid for from direct payments or personal budgets.
All employees and volunteers have a duty to act in a timely manner on any concern or suspicion that an adult who is vulnerable is being or is at risk of being harmed, neglected or exploited and to ensure that the situation is assessed and investigated.

Employees or volunteers should:

- Be aware that they must call the police and/or an ambulance where appropriate in situations where the harm of the adult indicates an urgent need for medical treatment, or where there is immediate risk of harm indicating urgent action is needed to protect the adult.
- Be authorised to make a report to the police and if a crime has been committed, ensure action is taken to preserve evidence. This could be where there has been a physical or sexual assault, especially if the suspect is still at the scene.
- Share their concern with colleagues and seek advice and support.
- Know they must inform their line manager. If their line manager is implicated in the harm, then they should inform a more senior manager or Adult Social Services direct.
- Know how to access help and advice for the adult at risk.
- Know how and where to make a direct alert, where speaking to a manager would cause delay.
- Know that they must make a clear factual record of their concern and the action taken.

Role and responsibility of managers in all organisations

The role and responsibility of the manager is:

- To ensure the adult at risk is made safe.
- To ensure that any employee, volunteer or other person who may have caused harm is not in contact with the adult at risk and others who may be at risk. To ensure that appropriate information is provided in a timely way.
- To ensure that access to records and information relating to the adult at risk, regardless of whether they are funding their own care or support is given to the NE, SAP or Police.
- The primary responsibility for co-ordinating information in response to a Safeguarding Adult concern is vested in the Enquiry Manager (EM) working with the Police if a crime is

suspected. If this is the case, the Police will lead the investigation. All managers in all organisations have a key role to play.

Managers should ensure they:

- Make employees aware of their duty to report any allegations or suspicions of harm to their line manager, or if the line manager is implicated, to another responsible person or to the local authority.
- Meet their responsibilities and ensure compliance with the Care Act 2014.
- Operates safe recruitment practices and routinely take up and check references.
- Adhere to and operate within their own organisation's 'whistleblowing' policy and support employees who raise concerns.

Managers of regulated activity providers must fulfil their legal obligations under the Vulnerable Groups Act 2006 and the Disclosure and Barring Service. Managers have responsibility for making checks on and referring employees and volunteers who have been found to have harmed an adult at risk or put an adult at risk from harm.

Managers in health settings should report concerns as a serious incident requiring investigation (PSIRF) in line with the NHS safety reporting framework and a decision must be made whether the circumstances meet the criteria for reporting a concern to the Safeguarding Adults Team or for a Safeguarding Adult Review as required.

Human Resource & Disciplinary Actions

When a safeguarding allegation has been made in relation to an employee the person raising the concern must follow the safeguarding procedures and inform their line manager and Adult Social Services Safeguarding Lead (see **Appendix 18**, PiPoT).

The line manager will inform their Human Resource department and follow the disciplinary procedures.

If their line manager is the person alleged to have caused harm, they must inform the line manager above their line manager or make direct contact with the local Adult Social Services Safeguarding Lead, who will advise. The person concerned may need to follow the 'whistle blowing' procedure of their own organisation.

A restricted part of the safeguarding enquiry meeting can determine how to proceed, drawing on the advice of the Human Resources staff. Both HR and safeguarding procedures will need to be followed remembering that priority must always be given to safeguarding the adult at risk and if a criminal investigation is taking place pursuing forensic evidence. All agencies should have a protocol which provides guidance where allegations are made against their employees.

Local Authorities

Lead co-ordinating agency for safeguarding

Local authorities have the lead role in co-ordinating the multi-agency approach to safeguard adults at risk. This includes assurance of the use of these procedures, co-ordination of activity between organisations, review of practice, facilitation of joint training, dissemination of information and monitoring and review of progress within the local authority area.

In addition to that strategic co-ordinating role, local authority adult social care, joint health and social care teams and CMHTs also have responsibility for coordinating the action taken by organisations in response to concerns that an adult at risk is being or is at risk of being harmed or neglected.

The local authority must:

- Ensure that any Safeguarding Adults concern is acted on, in line with these procedures.
- Co-ordinate the actions that relevant organisations take in accordance with their own duties and responsibilities.

- Ensure a continued focus on the adult at risk and due consideration to other adults or children.
- Ensure that key decisions are made to an agreed timescale.

- Ensure that an interim and a final safeguarding plan are put in place to manage or reduce risks, with adequate arrangements for review and monitoring.
- Ensure that actions leading from Enquiries are proportionate to the level of risk and enable the adult at risk to be in control, unless there are clear recorded reasons why this should not be the case.
- Ensure independent scrutiny of circumstances leading to the concern and to Safeguarding Adults work.
- Facilitate learning the lessons from practice and communicate these to the SABs.

Director for Adult Social Services (DASS)
The DASS has specific responsibilities under statutory guidance issued by the DHSC. Within adult social services, the director has a responsibility to:

- Maintain a clear organisational and operational focus on Safeguarding Adults and that statutory responsibilities are met.

- Make sure Disclosure & Barring Services standards are met.

- The director is also responsible for either chairing, or ensuring the effective chairing of, a local SAB as required by the Care Act 2014.

Principal social workers (PSW)
The Care Act 2014 statutory guidance (1.31) states that, ‘as the professional lead for social work, principal social workers should have a broad knowledge base on safeguarding and Making Safeguarding Personal and be confident in its application in their own and others’ work. Local authorities should, therefore, ensure that principal social workers lead on ensuring the quality and consistency of social work practice in fulfilling its safeguarding responsibilities. In particular they should have extensive knowledge of the legal and social work response options to specific cases and in general.

Appendix 4 – Risk Assessment Document

Adult Name:		D.O.B.:	

Hospital ID | SS ID | NHS No. | NI No.

Date of this assessment:

Date of Community Care Assessment:

Purpose of the Risk Assessment

Assessment Location:

Others Consulted:

Does the adult have capacity: **Y** ☐ **N** ☐

Is adult aware of risk assessment: **Y** ☐ **N** ☐

Has consent form been signed: **Y** ☐ **N** ☐

IDENTIFIED RISKS	CONSEQUENCE OF RISKS	PROPOSED ACTION TO MINIMISE THE RISK	BY WHOM	TIME SCALE

Additional Comments: to include whether assessor and/or others disagree with service user perception of risk.
Individual, family, carer(s), assessor/managers comments

Adult: I have participated in this assessment and agreed with action: **Y** ☐ **N** ☐

Name of professional completing this form:

Job title	
Date Completed	
Review Date	
Contact No	
Manager Signature (if required)	

Note:
Further work is planned concerning a risk assessment and management tool. Agencies with current risk assessment tools in place should continue to use them pending production of new guidance.

Appendix 5 – Nominated Enquirer (NE)

Nominated Enquirer supplementary guidance

Introduction
The Care Act 2014 the places a statutory responsibility on each local authority to make Safeguarding Enquiries or *cause others to do so*, if it believes an adult is experiencing, or is at risk of, abuse or neglect and is unable to protect themselves from harm. An enquiry should establish whether any action needs to be taken to prevent or stop abuse or neglect, and if so, by whom.

Making Safeguarding Personal
This refers to the responsibility that agencies have to promote the adult's wellbeing and carefully consider their views, wishes, feelings and beliefs in deciding on any action.
It is about adopting a personalised approach that enables safeguarding to be undertaken with the adult and to focus on achieving meaningful improvement to the adult's circumstances, rather than just investigate and conclude. (LGA/ADASS Making Safeguarding Personal November 2019)

Specific responsibilities of the Nominated Enquirer
The specific role will be determined at the Enquiry Planning Meeting (EPM) by the Enquiry Manager (EM) or the Safeguarding Adult Practitioner (SAP) through discussions with the relevant agency as the enquiry proceeds. The responsibilities may include:

- Talking to the adult or witnesses
- Gathering information from records held by their agency, case notes, financial records
- Preserving evidence
- Reviewing and reporting of evidence, e.g. checking CCTV, case records, logbooks
- Contribute to risk assessment
- Reporting on elements of the safeguarding plan
- Provide information regarding their own area of expertise, e.g. medication management
- Provide historical information, e.g. previous reports
- Provide verbal updates to the Safeguarding Adult Practitioner /EM
- Complete Nominated Enquirer Report
- Attend meetings as required
- Ensure Risk Management Plan is in place
- Work to agreed actions

Nominated Enquirer (NE) responsibilities could operate for all or part of the enquiry and involve specific actions or tasks as part of the enquiry. There may be occasions when you are unable to answer all question on the Nominated Enquirer Form. (See exemplar NE Forms attached)

Information you should be given as a Nominated Enquirer

- Adult's views and what they are aware of about the enquiry
- Adults' mental capacity regarding the enquiry
- Specific areas to be looked into, i.e. timeline of events etc
- What format is required as part of the information gathering i.e. summary of care provided or a full NE Form

Exemplar Case Studies and supporting NE Form

Example 1

Nominated Enquiry Report

The Local Authority is undertaking a Safeguarding Enquiry and is requesting you complete this Report.

THIS IS A FICTIONAL CASE

Details of Adult at Risk			
Surname:	X	**First Names:**	X
Date of Birth:	01/01/1930	**ASC ID:**	
Gender:	M	**NHS ID:**	
Usual address: The Castle Upper Hill Dorset			

Name of Safeguarding Adults Practitioner requesting this report

Name of organisation

Name of Nominated Enquirer

Role of Nominated Enquirer

Ward Matron

Nominated Enquirer contact details

Name of organisation

Section 1- To be completed by the local Authority

Is the Adult at risk aware of the concern

Yes ✓ No ☐

If no state reason

Address where alleged harm occurred

Cottage Hospital
XX Town

Details and date of the initial concern

Copy details from concern form:

Mr X reported that a nurse failed to give him his warfarin medication on the 12.07.2021. He raised this with the nurses the following morning who confirmed that the dose had been missed. They arranged for a blood test and the warfarin was restarted the evening of the 13.07.2021.

Specific actions required of the nominated enquirer to be incorporated within section 2 of this report.

Review nursing records and MARS charts for 12.07.2021 and 13.07.2021
Speak with staff on duty on the evening of the 12th and the morning of the 13th
Complete NER form to detail findings

Section 2 to be completed by the Nominated Enquirer

Relevant background information about the adult at risk
Including known factors such as services received, diagnosis, factors that either increase or decrease their risk of harm

This should be included in the information given to the Nominated enquirer

Mr X has given his consent for an enquiry to be undertaken into the missed dose of warfarin. He would like to ensure that this doesn't happen again to other patients on the ward

Chronology of events leading to the concerns

Mr X admitted to the ward on 08.07.2021. He was transferred from an acute hospital following a hip replacement after a fall.
Admitted to the ward, taking 10 mg of Warfarin daily, dose confirmed by INR blood test on 09.07.2021, 3 days prior to the missed dose.
Mr X raised his concern with the morning staff who confirmed that it had not been signed for.
13.07.2021 INR blood test taken and new dose of warfarin prescribed and administered at usual time, 18.00

Information about the person(s) alleged to have caused the harm

Mr X identified the nurse who missed the medication as female with long brown hair worn in a ponytail, Mr X cannot remember her name.

How has this enquiry been undertaken?

Nurse identified to be Flo. She can recall the shift as they had another patient who presented with challenging behaviour. The medication round was frequently disrupted by this. Flo cannot remember missing any medication. The MARS chart for the evening of the 12th showed a gap for the warfarin medication. Flo admits that she may have missed this tablet due to the disruption on the ward and her being constantly asked to help other staff.

What are the findings of the enquiry?
If any gaps or omissions in care/practice were identified, please give details.

The nurse on duty on the 13.07.2021 confirmed that the dose had been missed. As soon as the error was noticed the correct action was taken; blood tests were taken to confirm the correct dose. A Dr spoke with Mr X and explained that no harm would have been caused. Mr X confirmed that he was aware that he had not been caused any harm.

What action will be taken as a result of this enquiry to include formal/informal action taken with the organisation and or adult(s)?
Please include any learning and recommendations.

The Matron for the ward has apologised to Mr X for the error and reassured him that he would not have suffered any harm.
The Matron has also advised MR X that the staff member has been identified and the error will be addressed with her. The matron also shared that changes in how the medication round are completed have been implemented so that this shouldn't happen again.
Flo has attended a medication refresher and has had her competency reassessed
Organisation-Shared learning with the matrons. Learning will also be shared organisation wide so that changes to medications rounds can be implemented across the organisation.

Suggested learning/recommendations:
Use of red tabards being shared at matron's meetings so that they can be implemented across other clinical settings if appropriate to do so.

Are there any continuing risk factors for the adult at risk/ others
If so what actions will be taken to minimise these risks?

No continuing risks to Mr X.
Risks to other patients have been reduced significantly. The ward has introduced a red tabard to be worn by staff administering drugs so that other staff, patients and relatives know that they shouldn't be disturbed unless there is an emergency

Have the contents of this report been discussed with the adult at risk or their representative

Yes ☐ No ✓☐
If yes, who was informed and what information was shared?

Did they express what they wanted to happen
Yes ☐ No ☐

If yes, what was requested

If no, please state the reason why not e.g. lack of capacity, coercion or duress, additional risk factors etc.

Mr X asked for them not to be informed. Mr X is grateful for the swift response and glad that changes have been put into place. He agreed that it was a very busy shift.

Report signed by Nominated Enquirer

Date

Example 2

Nominated Enquiry Report

The Local Authority is undertaking a Safeguarding Enquiry and is requesting you complete this Report.

Details of Adult at Risk			
Surname:	O	**First Names:**	Mr
Date of Birth:	01/01/32	**ASC ID:**	
Gender:	Male	**NHS ID:**	
Usual address: The Home, Christchurch Road Christchurch Dorset			

Name of Safeguarding Adults Practitioner requesting this report

Name of organisation

Name of Nominated Enquirer

Role of Nominated Enquirer

Deputy Manager of the home

Nominated Enquirer contact details

Name of organisation

Section 1- To be completed by the local Authority

Is the Adult at risk aware of the concern

No X☐

Capacity Assessment undertaken 28.08.2021

Address where alleged harm occurred

Details and date of the initial concern

Mr O managed to exit the home without staff being aware. Mr O was found by the Police having been made aware by a member of the public. Mr O was found in the Town Centre and returned to the home by the Police and was fortunately unharmed.

Specific actions required of the nominated enquirer to be incorporated within section 2 of this report.

To look at records from the home as follows: How often was the resident checked and when were they last observed in the building. Ask the Manager to obtain statements from the Staff on duty on the day of the incident and if there was a specific worker allocated to Mr O. Check what risk management has been put in place regarding action to prevent further incidents. Check if there is a DoLS in place

Section 2 to be completed by the Nominated Enquirer

Relevant background information about the adult at risk
Including known factors such as services received, diagnosis, factors that either increase or decrease their risk of harm

Mr O has a diagnosis of dementia. He is very mobile and active and likes to be busy. He lived with his wife at home and moved into the home a month ago. Mr O's wife visits daily and when she leaves Mr O wants to leave with her. Staff use various distraction techniques to try and minimise the stress caused. Mr O is beginning to settle in well to the home, but it is still early days.

Chronology of events leading to the concerns

On 02.02.2021 Mr O tried to leave the home whilst another person was also going out. Staff member observed this and followed Mr O and encouraged him to come back into the building. As Mr O has only been at the home for a month, he is still settling into that environment. Mr O becomes increasingly more upset following his wife visiting and when she leaves the building as he wants to go with her. On the 09.09.2021 Mr O exited the home and was found by the Police in the Town Centre, which takes about 15 minutes to walk from the home but is along a busy road.

Information about the person(s) alleged to have caused the harm

The home is a secure home but there are also side and rear doors. Mr O has managed to work out that if he presses the fire alarm button then it releases the exit doors.

How has this enquiry been undertaken?

Discussion with Home Manager and statements from Staff who were responsible for Mr O at the time of the incident, confirm that he was last observed in the building 45 minutes previously. There was no fire alarm set off which would have released the doors for Mr O to get out, therefore staff were not aware he had exited the building.
It has since been established that one of the side door's alarms was faulty and Mr O is likely to have followed a relative out of this door or even the main entrance door.

What are the findings of the enquiry?
If any gaps or omissions in care/practice were identified, please give details.

As the residential home is a secure environment, Mr O should not have been able to exit the building. It has been identified that Mr O observed that pressing the fire alarm buttons releases the doors, although when this incident happened, a check on the fire alarm button of the side door did not open the door. Mr O appears to have excited the building either through the front or side door.

The last documented observation was 45 minutes before the Police found Mr O. Mr O should have been on 15-minute checks and therefore this was not carried out as stated in the Care Plan which staff have failed to do. The Manager is taking action with the staff involved.

It has to be acknowledged that this situation could have been more serious, and harm could have been caused.

The home has acted in addressing the fire alarm situation and is having certain release buttons relocated to above the door so that Mr O is less likely to use this again. Home is also reviewing whether Mr O needs 1-1 support.

The home has made the Supervisory body aware that Mr O needs to be assessed under the DoLS framework and has been waiting for assessment prior to this incident.

What action will be taken as a result of this enquiry to include formal/informal action taken with the organisation and or adult(s)?
Please include any learning and recommendations.

The home to look at ways where Mr O can be more occupied with activities as he likes to be kept busy, this will then prevent further incidents happening. It is also hoped that Mr O will continue to settle within the home and that visits by his wife will become less stressful for him when she is leaving the building.
Organisation - the home has taken on board that they need to evidence all information and that if a resident is on 15 minutes checks that these are carried out and all documented.

Are there any continuing risk factors for the adult at risk/ others
If so what actions will be taken to minimise these risks?

Although the Fire door release buttons are being relocated, there is the potential for Mr O to observe where they are and try again.
If Mr O exits the building again the potential is that serious harm could be caused particularly with the home being located on quite a busy road.

Have the contents of this report been discussed with the adult at risk or their representative
Yes X ☐

If yes, who was informed and what information was shared?

Mrs O is very concerned that her husband can exit the home when it is meant to be a secure environment. Full details of the incident were shared with Mr O's wife.

Did they express what they wanted to happen

Yes X☐

If yes, what was requested

Mrs O was informed of what had happened, what actions had been taken and how the concerns will be addressed in the future, therefore giving Mrs O peace of mind that her husband is being cared within a secure environment.

If no, please state the reason why not e.g. lack of capacity, coercion or duress, additional risk factors etc.

Report signed by Nominated Enquirer

Date

Nominated Enquirer Report Form

The Nominated Enquirer form is for the professional undertaking this role to record all aspects of their contact with the adult at risk. It will focus particularly on the presenting concerns/allegations, the adults views and capacity, actions taken and proposed. It will be used to report back to the lead agency and may, as necessary, feed into the Enquiry Planning Meeting/ Enquiry Review Meeting.

The Local Authority is undertaking a Safeguarding Enquiry and as a Nominated Enquirer you are requested to complete this form.

Details of Adult at Risk			
Surname:		**First Names:**	
Date of Birth:		**ASC ID:**	
Gender:		**NHS ID:**	
Usual address:			

Name of Safeguarding Adults Practitioner requesting this report

Name of organisation

Name of Nominated Enquirer

Role of Nominated Enquirer

Nominated Enquirer contact details

Name of organisation

Section 1- To be completed by the local Authority

Is the Adult at risk aware of the concern

Yes ☐ No ☐

If no state reason

Address where alleged harm occurred

Details and date of the initial concern

Specific actions required of the nominated enquirer to be incorporated within section 2 of this report.

Section 2 to be completed by the Nominated Enquirer

Relevant background information about the adult at risk

Including known factors such as services received, diagnosis, factors that either increase or decrease their risk of harm

Chronology of events leading to the concerns

Information about the person(s) alleged to have caused the harm

How has this enquiry been undertaken?

What are the findings of the enquiry?
If any gaps or omissions in care/practice were identified please give details.

What action will be taken as a result of this enquiry to include formal/informal action taken with the organisation and or adult(s)?
Please include any learning and recommendations.

Are there any continuing risk factors for the adult at risk/ others
If so what actions will be taken to minimise these risks?

Have the contents of this report been discussed with the adult at risk or their representative
Yes ☐ No ☐
If yes, who was informed and what information was shared?

Did they express what they wanted to happen
Yes ☐ No ☐
If yes, what was requested

If no, please state the reason why not e.g. lack of capacity, coercion or duress, additional risk factors etc.

Report signed by Nominated Enquirer

Date

Appendix 6 – Joint working between Safeguarding Adults Services and MARAC/HRDA

Joint working between Safeguarding Adult services and MARAC/ HRDA
(Multi-Agency Risk Assessment Conference) (High Risk Domestic Abuse)
Where domestic violence/abuse (see definition at page 8 is disclosed, indicated or suspected, the Domestic Abuse, Stalking and Honour Based Violence safe lives risk indicator checklist (RIC) should be completed. The risk assessment is available here About HRDA (High Risk Domestic Abuse) - Dorset Council

For resources see here Safe Lives

Check to see if a recent checklist has already been completed by another agency. The risk assessment indicates whether an adult is at high risk of harm from a perpetrator and if there is a need for referral to a Multi-Agency Risk Assessment Conference (MARAC). See Section 4.12 and 4.13. Where the MARAC threshold is not met any agency dealing with a victim of domestic violence/abuse should consider referral to a specialist independent domestic violence and abuse support service such as

Dorset Council area: You First integrated domestic abuse service Free phone: 0800 032 5204 (Please be aware that calls to 0800 numbers may show up on itemised phone bills)
Visit: You Trust
Email: enquiries@theyoutrust.org.uk

Poole and Bournemouth and Christchurch Outreach: For advice and referral to Outreach, Refuge and Domestic Abuse Courses

Bournemouth and Christchurch: 01202 547 755
Poole: 01202 710 777

Further information is at:
Domestic Abuse (bcha.org.uk)

A **MARAC/ HRDA** is a meeting where information is shared regarding adults who have been assessed as being at significant risk domestic of violence/abuse. The meeting is between representatives of local police, probation, health, safeguarding for children and adults, housing agencies, substance misuse services, Domestic Abuse Advisors (DAA also known as Independent Domestic Violence Abuse Advisors) and other specialists from statutory and voluntary sectors.

High risk victims of domestic violence/abuse are identified using the Safe Lives Risk Assessment risk indicator checklist.

The aims of a MARAC are as follows:

- To share information which will help increase the safety, health and wellbeing of victims, adults at risk and children.
- To determine whether the perpetrator poses a significant risk to any particular adult or to the general community.
- To jointly construct and implement a risk management plan that provides professional support to all those at risk and that reduces harm.
- To reduce repeat victimisation.
- To improve accountability.
- To improve support for staff involved in high-risk cases.

After sharing all relevant information at MARAC that is known about the high-risk victim, the agencies at the meeting will discuss options for increasing the safety of the victim. This will

include the development and agreement of a co-ordinated action plan to identify, manage and reduce risk. MARAC will also consider the risks posed to children and link to safeguarding children processes. In addition, it will consider risks posed by perpetrators and will link to the Multi Agency Public protection arrangements (MAPPA). There is working assumption within MARAC that no single agency or individual can see the complete picture of the life of a high-risk victim, but all may have insights that are crucial to their safety, as part of the co-ordinated community response to domestic violence and abuse.
Victims do not attend the MARAC meeting but are represented by a DAA / IDVA. The role of the DAA/IDVA is to provide an independent domestic violence and abuse support service and advocate on the victim's behalf at the MARAC meeting, working with the adult for a short time until the risk is reduced. The service is offered to all high-risk victims referred to the MARAC but is not compulsory.

Joint working between MARAC and Safeguarding Adult Teams
It is essential that staff encountering domestic abuse / violence understand that some adults may also have care and support needs that will require a safeguarding enquiry to be undertaken. The Safeguarding Adult Boards expect that any case of domestic violence/abuse that meets the criteria for safeguarding adults (see definition on page 8), is discussed with the local safeguarding team, and if required a dual referral to both them and MARAC is made.

Cases meeting the Safe Lives risk assessment threshold will be referred directly to MARAC, but the Safeguarding Adult team will take the lead in organising a Section 42 enquiry which can run in parallel to the MARAC meeting. Robust communication between the two processes is essential. The threshold for MARAC in Bournemouth, Christchurch and Poole is for 14 or more "yes" ticks or less than 14 if supported by professional judgement.

As part of the Section 42 enquiry and Enquiry Planning Meeting (see pages 22 and 25 respectively) information gathered at this meeting and from the MARAC must be cross-referenced, to ensure the ongoing safety of the adult at risk.

If the adult being discussed at MARAC does not meet the criteria for a Section 42 enquiry but does require a longer-term solution to manage the ongoing risk a MARM meeting may be convened to address this. The local safeguarding adult team and other relevant agencies should be consulted for adults who do not meet the criteria for a Section 42 enquiry but might have needs that require case management (see page 27 of the Procedures document) and it is likely a MARM meeting will be convened. A referral to MARAC may also be appropriate and should be considered at any point felt necessary.

The lead agency referring the case to MARAC should be considered as having lead responsibility if it is decided that a MARM meeting needs to be convened. However, if this is not practical and it is agreed otherwise than the Chair of the MARAC will identify the most appropriate agency to convene and lead it.

Appendix 7- Practice Guidance – Protocol for working with adults at risk who do not wish to engage with services

Practice Guidance – Protocol for Working with Adults at Risk who do not wish to engage with services and are or may become at serious risk of harm.

This guidance is to provide managers and professionals working with adults who have mental capacity and refuse to engage with services but are/or may become at serious risk of harm, with a framework within which to manage their concerns.

Managing the balance between protecting adults at serious risk against their rights to choose and control is a serious challenge to managers and professionals. This guidance aims to support good practice in this area.

In the majority of circumstances case management, review and risk assessment procedures will provide the most appropriate route to engage with adults at risk. Where this is not the case the multi-agency decision process outlined below should be followed.
Where an adult is at risk of harm from another person, or service, the safeguarding adult procedures must be used.

This protocol applies to all adults in need of community care services regardless of financial status i.e. those who self-fund or receive financial support from another organisation. Community Care Services should be interpreted in the wider context for the purposes of this protocol and includes local health services. Healthcare professionals should consider if an adult requires community services and make a referral if necessary.

Key Practice Principle
When an adult at risk with capacity (including the ability carry out the necessary tasks, i.e. executive functioning not compromised) might be at serious risk of harm, but declines suggested care and support, good practice means considering the following:

- **Rights**: Adults have the right to make choices about their care and support needs and take risks, subject to the degree of impact those risks may have on other adults and children.
- **Duty of Care**: risk assessment and management are essential to establishing the likelihood and impact of risks which may be so serious that agencies need to take action to protect adults.
  - A duty of care applies in common law in relation to all services.
  - Councils, health bodies, private care providers and individual care staff owe a duty of care to adults to whom they provide services.
- **Information**: should be provided in a form that the adult can understand.
- **Equality**: services and support should be provided with dignity and respect and not discriminate because of disability, age, gender, sexual orientation, race, religion, belief, or lifestyle.
- **Work to engage**: always try to work with the adult, highlighting triggers that may increase dependency or harm and actions that could minimise or eliminate risks. Adopt a Trauma Informed approach (see page 47)
- **Multi-agency Risk Management Meeting (MARM):** the importance of holding a MARM meeting cannot be overstated to involve all relevant agencies to share information, planning proactive contact with the adult and monitoring on going risks. It is imperative that the adult is involved in the MARM, either by attending all or part of the meeting or having their views represented.
- **Open Door**: adults at risk should always be given contact details of various agencies to request support when they think it's needed.

Who does this guidance apply to?

Adults (18+)
who appear to need care or support and have mental capacity (including executive capacity) to make decisions around choice and risk and
are assessed as being at risk but refuse to accept support and /or engagement with the service.

When considering if an adult has mental capacity, it is important to ensure they fully understand the implications of the specific decision they are making. If there is doubt as to their understanding, a full Mental Capacity Assessment should be undertaken.

Informal Carers – please note that unpaid or informal carers are entitled to an assessment even if the adult they are caring for (who is eligible for care and support) refuses any assistance.

When does this Guidance apply?
If an adult who has capacity refuses or declines an assessment, services or support a risk assessment must be carried out to determine the level of seriousness of each identified risk.

The risk assessment will determine:
- What the actual risks are, including any benefits and harms
- The impact and the significance of the risks on the adult, other adults at risk and children who may be at risk.
- The adult's ability to protect themselves
- Factors that increase the risk (see below)
- Factors that decrease the risk (see below)
- The likelihood of risk of future harm and likelihood of risk re-occurring

Factors increasing potential risks include:
- Dependency on others including physical and financial dependency
- Difficulties in making choices due to influence from others
- Lack of information or access to it, not being aware of options available
- Issues related to language and culture
- Unwillingness to pay for support
- Lack of social support network, isolation or social exclusion
- Unrealistic expectation on others (services, family, partners, informal carers, neighbours etc.)
- Negative experiences of engagement in the past
- A lack of understanding of the implication of not receiving appropriate health related treatments.

Factors that minimise risk may include:
- Positive family and/ or other close relationships
- Active social life and circle of friends
- Able to participate in the wider community
- Good knowledge and access to community activities
- Remaining independent and active
- A protection plan in place that remains relevant
- Information that is received in a timely manner and fully explains the implication of care, support or health treatments.

Alongside identifying the adult's strengths and abilities, they and the professional should clarify potential difficulties and possible risks that could lead to increased dependency, harm or danger including risks to family carers or other close relationships if needs are not addressed.

There may be a role in supporting their family, partner or carers, or offering other ways to meet their needs. Attempts must be made to understand the adult's views including about any associated risks. The adult could have identified solutions not involving social care services, but

assurance is needed they have all the information required and there is nothing else affecting their decision making.

Look for alternative options to engage with the adult and identify who is best placed to help. This may be health, voluntary sector and any other relevant professionals, family, partner or carers as it is possible the adult could respond better to a health, non-statutory organisation or someone who knows them well.

Where they have been assessed to be at serious risk and are unable to provide adequate care for themselves and their decision could have an adverse impact on themselves, this guidance should be followed.

If identified risks could have an adverse effect on others including carers/families/children, the Adults or Children's safeguarding procedures should be followed

Decision to follow this Guidance
A manager in the local authority will decide if the level of risk requires action under this guidance. All decisions and concerns must be recorded.

This decision will be based on:
- Information gathered prior to and through a detailed assessment by either a health or social care professional and
- If the level of risk is assessed to be so serious that the local authority has a duty of care to override the adult's wishes either to protect that adult, another adult or child whilst being aware of the right to respect for private and family life (Human Rights Act 1998)

If an assessment visit is declined after a referral from neighbours, family, partner or other professionals (e.g. GP, District Nurse etc.) the referrer must be given relevant feedback and consider seeking advice on engagement.
Professionals should attempt different approaches to engage including:
- Offer different appointment times
- Include family members if the adult wishes
- Offer of advocacy services to be present
- Joint visit with another professional known to them
- Meeting or appointment outside of the home environment or virtually
- Identify an individual who is already engaged in their life e.g. meals on wheels, library service, someone with a similar interest or hobby

- Remember that contact with others is not a substitute for communicating with the adult themselves, where it is safe to do so

In these circumstances contact the adult setting out what is offered and why, adding that they are free to make contact as and when they need to and how to do this. Any other relevant organisations that might help should also be mentioned.

Multi-Agency Risk Management Plan
This plan will be focussed on the adult's desired outcomes, to minimise risk and should include:
- Protective and preventative options to address risks
- Identification of agencies or persons taking responsibility and who would be most likely to succeed in engaging with the adult (this professional should be the coordinator of the plan)
- Alternative ways to engage with the adult
- Monitoring and review arrangements (timescales and those responsible for actions)

Implementation of the Risk Management Plan
The staff member responsible for co-ordinating the plan should maintain regular contact with everyone involved in the adult's care to ensure:
- Changes in circumstances are shared and recorded.
- Outcomes are achieved

- Any deviation as to why the desired outcomes are not achievable is identified together with the reasons.

Monitoring of Risk Management Plan
This should follow the timescales, tasks allocated and those involved at the risk management meeting and aim to include the adult themselves.

Multi-Agency Review Meeting
These should be held where possible within 6 weeks of the initial risk assessment (unless required earlier) and reviewed on a regular basis if the risks remain as determined by those present at the meeting. If the plan is not accepted:

- If an adult at serious risk has not accepted the plan, a responsibility remains to try and find ways to mitigate or reduce risk.
- Legal advice should be sought if there is doubt the Council or other agencies are fulfilling its responsibilities.

Appendix 8 – Information sharing

Information Sharing

Governing legislation for safeguarding is the General Data Protection Regulation (GDPR) which is part of the data protection regime in the UK, together with the new Data Protection Act 2018. It imposes tighter regulations on the use of personal information and higher penalties for non-compliance.

1. Summary of GDPR

The GDPR has six high level principles. These state that personal data must be:

- Processed fairly and lawfully
- Used for a specified purpose
- Accurate and kept up to date
- Adequate and relevant for the purpose
- Kept no longer than is needed
- Protected by technical and organisational measures

GDPR provides rights for adults whose data or personal information is kept by agencies. These include:

- A right to have information transferred electronically where they are required to repeatedly provide this.
- Subject Access Requests (SAR) response times are reduced to 30 days with clear management processes and record retention schedules in place.
- Privacy Notices or fair processing statements must be robust about the use of people's data, retention periods and who the information will be shared with.

If there is no lawful basis for collecting personal information, then consent must be sought and recorded. Consent can also be withdrawn.

2. Lawful basis for processing

Agencies have several lawful bases for processing information about adults. None are better or more important; their use depends on the purpose and relationship between the organisation and the adult. In all circumstances the processing must be clearly necessary otherwise it may not be lawful. It also must be specified at the outset of the relationship, not retrospectively and not exchanged for another lawful basis without a legitimate reason which needs to be communicated to the adults affected.

The legal reasons for processing information are:

- Consent
- Contract
- Legal obligation
- Vital interests
- Public task
- Legitimate Interest
- Special Category data
- Criminal Offence data

Safeguarding concerns will always fall within the public task and / or legitimate interest categories.

Note – legitimate interest is explained at the end of this Appendix.

Notwithstanding the above, the overriding rule is that staff need to share information to protect someone from harm or criminal activity.

Information sharing between SAB members is governed by GDPR and reinforced by the local Data Sharing Agreements in place under the new Dorset Pledge. This enables the legal and secure exchange of personal information between partner organisations that have a common obligation or desire to provide services within the community

The Dorset Pledge is concerned with safeguarding adults and the specific information that needs to be shared to ensure it is effective.

The Dorset Pledge sets out the detail through which information can be shared under certain circumstances and the lack of such a local agreement must never be a reason for not sharing information, under GDPR rules, that could help a professional to deliver services to an adult.

The below organisations are signed up to the Dorset Pledge; is between members of the BCP and Dorset SABs, the CSP and Children's Services and:

- BCP Council (including representation from Housing)
- NHS Dorset
- Dorset & Wiltshire Fire & Rescue
- Dorset Council
- Dorset County Hospital NHS Foundation Trust
- Dorset HealthCare University NHS Foundation Trust
- Dorset Police
- Dorset, Devon and Cornwall Community Rehabilitation Company
- NHS England
- University Hospitals Dorset
- Third Sector organisations

For more information on Dorset Pledge and the organisations that are signed up to it visit: Dorset Pledge – Our Dorset

The following additional organisations will, from time to time, have a relevant part to play in safeguarding and some SARs:

- Care Quality Commission
- Coroner's Office
- Office of the Public Guardian
- Professional Regulatory Body
- Border Agency
- Other housing associations throughout Dorset and BCP
- Hospitals and local authorities that border the county of Dorset
- Private health and social care providers not listed above.

Each organisation is obliged to nominate a lead person for information sharing.

3. Safeguarding practice

The aim is always to promote the safety and wellbeing of the adult at risk of potential or actual harm. The secure exchange of information where necessary, to ensure the health, wellbeing and safety of Adults across Dorset and BCP, will greatly help. The common purpose is to:

- seek immediate protection for an adult through referral to another service.
- make a referral to agencies who might take action against alleged or known perpetrators.
- provide a framework for the secure and confidential sharing of personal information between partner organisations.

This agreement can include sharing the name of care providers where there are concerns that there is a risk of harm to adults at risk.

The recommendations from SCIE relating to SARs are important and can be found at: https://www.scie.org.uk/safeguarding/adults/practice/sharing-information - SCIE recommend that information sharing practice between safeguarding partners is monitored and that all staff understand the basic principles of confidentiality, data protection, human rights and mental capacity in relation to information-sharing.

4. Lawful basis for the sharing of personal information

The principal legislation concerning the protection and use of personal information is listed below and agencies signed up to the Dorset Pledge have agreed to comply with:

- Data Protection Act 2018 and General Data Protection Regulation (GDPR)
- Common Law Duty of Confidentiality
- Human Rights Act 1998

Other legislation that facilitates the lawful sharing of information is listed below:

The Safeguarding Vulnerable Groups Act 2006 – was passed to help avoid harm, or the risk of harm, by preventing people who are deemed unsuitable to work with children and adults, from gaining access to them through their work. Regulated activity providers (employers or volunteer managers of people working in regulated activity) and personnel suppliers have a legal duty to refer to DBS where the following two conditions apply. Both must be met.

- permission to engage in regulated activity with children and/ or adults is withdrawn, or the person is moved to an area of work that is not regulated.
- it is thought the person has carried out one of the following –
  - an action or inaction has harmed or put them at risk of harm
  - there has been no relevant conduct, but the risk of harm still exists.
  - or the person has been cautioned or convicted of a relevant offence (automatic barring).

Mental Capacity Act 2005 – this Act is designed to protect and empower adults who may lack the mental capacity to make their own decisions about their care and treatment.

Care Act 2014 - in the past, there have been instances where the withholding of information has prevented organisations being fully able to understand what 'went wrong' and so has hindered them identifying, to the best of their ability, the lessons to be applied to prevent or reduce the risks of such cases reoccurring. If someone knows that abuse or neglect is happening, they must act upon that knowledge, not wait to be asked.

A SAB may request a person to supply information to them or to another person. The person who receives the request MUST provide the information to the SAB if:

- The request is made to enable or assist the SAB to do its job.
- The request is made of a person who is likely to have relevant information and then either:
  - the information requested relates to the person to whom the request is made and their functions or activities.
  - the information requested has already been supplied to another person subject to a SAB request for information.
- Information will only be shared on a 'need to know' basis when it is in the best interests of an adult.
- Confidentiality must not be confused with secrecy.
- Informed consent should be obtained but, if this is not possible and other adults are at risk of abuse or neglect, it may be necessary to override the requirement.
- It is inappropriate for agencies to give assurances of absolute confidentiality in cases where there are concerns about abuse, particularly in those situations when other adults may be at risk.

General Data Protection Regulations 2018 (GDPR)

GDPR relates primarily to the rights of the adult to have their information protected and only shared subject to specific conditions and safeguards and in many circumstances, with their explicit consent. GDPR sets a high standard for consent but often the matter will not be one that

needs it. If consent is difficult, it will be necessary to look for a different lawful basis. Making consent to processing a precondition of a service may not be appropriate or helpful. Public authorities and employers will need to take extra care to show that consent is freely given and should avoid over-reliance on consent.

The Information Commissioner's Office has provided extensive guidance at Guide to the UK General Data Protection Regulation (UK GDPR) | ICO

5. General practice points

Where an adult has refused to consent to information being disclosed for these purposes, then professionals must consider whether there is an overriding public interest that would justify information sharing (e.g. because there is a risk that others are at risk of serious harm) and wherever possible, the appropriate Caldicott Guardian or agency's Data Protection Lead should be involved. It will always be necessary to consider proportionality and whether the apparent need to share information is proportionate to the perceived risks of not doing so.
Decisions about who needs to know and what needs to be known should be taken on a case-by-case basis, based on agency policies and the constraints of the legal framework.

Principles of confidentiality designed to safeguard and promote the interests of an adult should not be confused with those designed to protect the management interests of an organisation. These have a legitimate role but MUST never be allowed to conflict with the welfare of an adult. If it appears to an employee or person in a similar role that such confidentiality rules may be operating against the interests of the adult, then a duty may arise to make a full disclosure in the public interest.

In certain circumstances, it will be necessary to exchange or disclose personal information which will need to be in accordance with the law on confidentiality and the GDPR where this applies.

6. Duty of Candour

From October 2014, providers (of health and adult social care registered with the CQC) are required to comply with the duty of candour. This means providers must be open and transparent with adults about their care and treatment, including when it goes wrong.

7. Type of personal information that will be routinely shared

The type of personal information that will be routinely shared under this agreement is sensitive personal data as defined in the Data Protection Act 2018 and General Data Protection Regulation (GDPR).

Additionally, special category data relevant to SARs, DHRs or other reviews will be provided. For example in a Serious Case Review in Surrey 'there was a lack of history relating to [them] that meant that the risk inherent in placing them together in a supported housing setting were not fully appreciated' and…'there was considerable concern amongst members of the SCR panel that an adult could potentially have a serious mental health and forensic history and pose a threat to the community, but that housing might know little or nothing about this'.

8. How personal information will be shared

Verbal or written information will be requested and shared at safeguarding discussions, meetings or as requested as part of an action or protection plan arising from the safeguarding meeting/discussion. It will also include information that is requested or supplied by email or other electronic forms of communication. A record of all requests for information, meetings, and discussions will be maintained to facilitate an audit trail. Information can also be shared under any processes that are included with the Dorset and Bournemouth, Christchurch and Poole Safeguarding Adults Multi-Agency Policy and Procedures.

Emails must always be sent to a secure email address. It is each organisation's responsibility to ensure they have appropriate procedures/policies in place for staff to be aware of their individual requirements.

When considering what information should be recorded the following questions are a guide:

- What information do staff need to know to provide a high-quality response to the adult concerned?
- What information do staff need to know to keep adults safe under the services duty to protect them?
- What information is not necessary?
- What is the basis for any decision to share (or not) information with a third party?

It is the responsibility of individuals identified within each organisation to maintain accurate documentation outlining why information was shared or not.

9. Restrictions on the use of shared personal information

Information would be restricted by any partner agency if deemed not to be in the best interest of the adult at risk. The data shared with partners must not be disclosed to any unauthorised third parties.

10. Breaches of confidentiality

Any breaches will be managed by the partner agency's Information Governance Policy and GDPR and reported to the Caldicott Guardian/Data Protection Lead within 72 hours of being made aware of the breach.

Note about Legitimate Interest

This category requires a person (who wants to use the information) to explain the purpose and justify why it is a Legitimate Interest in addition to having to demonstrate the necessity of the processing. The onus is also on the person being able to ensure – and demonstrate – that the interests are balanced.

It may be harder to demonstrate compliance as there is more scope for disagreement over the outcome of the balancing test. The person needs to be able to clearly justify the decision that the balance favours processing the data.

If it is intended to rely on legitimate interests there needs to be confidence about taking on the responsibility of protecting the interests of the adult. If it is more appropriate to put the onus on individuals to take responsibility for the use of their data, then it may be better to consider whether consent would be a more appropriate lawful basis.
Relying on legitimate interests also requires more work because it needs to be clearly explained in the organisation's privacy policy what the legitimate interests of the processing are.

It will also be necessary to apply the three-part test to use legitimate interest:

It makes most sense to apply this as a test in the following order:
Purpose test – is there a legitimate interest behind the processing?
Necessity test – is the processing necessary for that purpose?
Balancing test – is the legitimate interest overridden by the adult's interests, rights or freedoms

Appendix 9 – Safeguarding Adults Enquiry Summary Report

Safeguarding Adults Enquiry Summary Report

The **Enquiry Summary Report** can be used to record an overview of the various Nominated Enquiry Reports and a summary of the discussions as part of the wider Safeguarding Enquiry. The Summary Report may be used at an Enquiry Review Meeting to pull together all the information gathered as part of the Enquiry.

Safeguarding Adults Enquiry Summary Report

Adult at Risk's Details

Name:

Address:

Date of Birth: Age:

Gender: Male ☐ Female ☐

Identifier Number: Date of Concern:

The attached summary enquiry report was written by:
(Name of Safeguarding Adults Practitioner) S.W:
Name of allocated co-worker or Nominated Enquirer/s (if applicable):
Name of Enquiry Manager:
Summary Report signed by SAP:
Date approved by Enquiry Manager:

Background information about the Adult at Risk

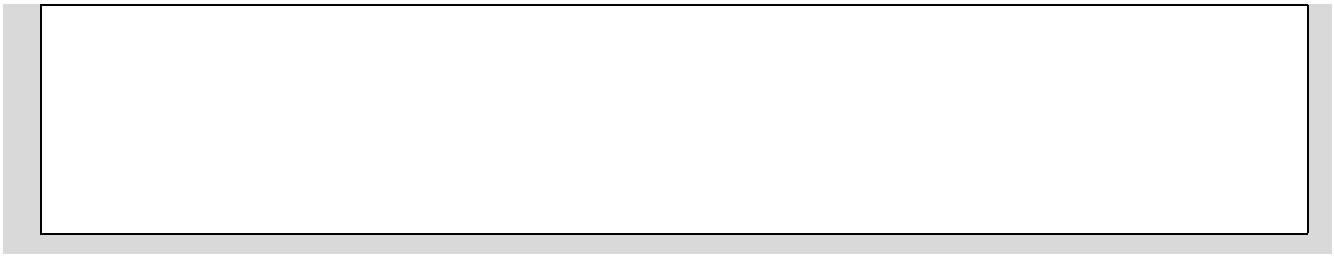
Consent and Capacity

Details of the Initial Concern/s

Include dates

Details of any previous related allegations

Include dates
The adult's view of the situation and preferred outcome
Details of any previous/relevant safeguarding concerns (Identify Current Risks and include any benefits and identify actions to minimise risks)
Information about the adult(s)/organisation alleged to have caused harm
Methods used to undertake the Enquiry
Include any consultations with other 3rd Parties
Brief Summary of Findings of Enquiry
Safeguarding Adults Practitioner's Summary
Conclusions & Recommendations



Appendix 10 – Role of Note takers

Role of Note Takers

Practice Guidance - Note taking

The notes of meetings should provide a reflection of the meeting as a whole and accurately record what was discussed, the stated opinions of others and what the outcomes are in terms of actions, roles and responsibilities – (safeguarding plan). They do not necessarily need to be word for word. The accuracy and timely distribution of the notes are the responsibility of the Chair and therefore the note taker and Chair need to work closely together.

The following guidance should be considered when taking notes:

- Notes should be written in the past tense
- The full names of those involved in the meeting and those discussed should be used
- Where possible, written reports should be provided for the meeting and if agreed by the Chair, attached as an appendix to the notes, thus saving the need for a further written précis of the reports.
- The Safeguarding Adults notes template could be used where available and the type of meeting must be clear e.g. EPM.
- The meeting Chair should spend some preparation time with the note taker prior to the meeting to familiarise them with the issues/agenda and any specific requirements for that meeting. The notetaker should be given access to reports in advance of the meeting, if possible, for context.
- The note taker may want to sit next to the Chair.
- The note taker should be able to request clarification, if required, during the meeting.
- Draft notes should be sent to the Chair of the meeting to check and amend, (if required) before circulation. All actions should have the full name of the person responsible and timescale.
- Circulation of notes is the responsibility of the Chair. An attendance sheet should be completed and all those attending and giving apologies should receive a copy unless agreed otherwise at the meeting.
- See Data Protection guidance to ensure confidentiality.
- Aim to have notes typed and circulated within 10 working days of the meeting. Individuals attending the meeting are responsible for taking notes of any actions attributed to them.
- Requests for amendments to notes following circulation must be addressed to the Chair.

Appendix 11 – Guidelines for interviews of a 'person alleged to have caused harm' and for determining the outcomes of Adult Safeguarding Enquiries

Guidelines for interviews of a 'person alleged to have caused harm' and the outcomes of Adult Safeguarding enquiries.

Key Principles
It is important that key principles are understood before considering how different types of interviews should be conducted if the adult continues to be at risk and if so from whom and how to remove that risk.

To achieve a thorough and fair enquiry and to increase the prospect of a clear outcome it will usually be necessary for a 'person alleged to have cause harm' to be interviewed. However, the need for this and the timing must be evaluated in the context of any potential risk to the adult and the possibility of prejudicing any police investigation. Advice on the timing of an interview must be taken from the Police if it appears a crime has been committed, and the Police investigation will take precedence.

An objective approach is necessary for any enquiry because the aim is to gather information about whether harm has or has not been caused to the adult.

Safeguarding enquiries conducted by Adult Services staff need to have a clear focus on the adult who has or may have been harmed. The aim is to establish whether, on the balance of probabilities, harm was caused and to safeguard the adult from harm.

The aim of the safeguarding process, from EPM through the enquiry to the ERM, is to protect adults from harm. However, the conduct of an enquiry may reveal information which indicates who may have caused the harm that has been alleged.

Some adults at risk will have the mental capacity to indicate whether they want the 'person alleged to have caused harm' to be interviewed but in any case, the decision will be made by the SAP or others in authority, i.e. Police, if a criminal investigation is indicated.

The purpose of any interview of a 'person alleged to have caused harm' is to allow them the opportunity to give their account about what happened in relation to the allegations.
Interviews with the 'person alleged to have caused harm' should usually be conducted by an employer (if they are a person in a position of trust) but in other circumstances this may be the SAP.

Interviews with the 'person alleged to have caused harm' should not be conducted by staff where this would give rise to a conflict of interest. An example would be an allegation of financial abuse that is suspected to be a deprivation of assets.

Where it appears that a 'person alleged to have caused harm' is also an adult at risk, they must be offered the assistance of an independent advocate/person to support them throughout the interview process.

Categories of Interview
There are several different types of interviews relating to a 'person alleged to have caused harm' that may be required in a safeguarding adults enquiry:

- Interviews of a 'person alleged to have caused harm' in cases where a police investigation is being undertaken.
- Interviews with a 'person alleged to have caused harm' regarding potential criminal matters where the Police have agreed for a SAP or other person to lead the interview, i.e. perhaps it is unlikely that the Police will proceed (including where the adult at risk has declined Police involvement), however, the facts still need to be confirmed.

- Interviews where the 'person alleged to have caused harm' has an employer and category 1 above does not apply.
- Interviews where the 'person alleged to have caused harm' fits none of the above categories. (For example, carer directly employed by adult at risk through personal budget, informal carer or other family member or friend family member.)

1. Interviews of a 'person alleged to have caused harm' in cases where a police investigation is being undertaken.

Where a criminal offence may have been committed the matter should be referred to the Police so that they can decide whether they wish to conduct a criminal investigation.

If the Police decide to investigate, they may interview the 'person alleged to have caused harm'. In such a case no interview should be conducted by the employer or SAP without the consent of the Police. Relevant information from the interview will be presented to the safeguarding meeting.

If the case is still under investigation at the time of the ERM, a police update will be available only on the current state of the investigation.

If the case has been concluded by police at the time of the ERM, a police update on the outcome of the enquiry will be available. Written interview summaries are not completed by police where a caution has been given or there is no further police action.
If the police decide not to interview the 'person alleged to have caused harm', paragraph 2 below applies.

2. Interviews with 'person alleged to have caused harm' regarding potential criminal matters where the Police do not intend to conduct a criminal investigation or to interview the 'person alleged to have caused harm' (including where the service user has declined Police involvement.)

Such interviews should not take place if to undertake them would pose an unacceptable risk to the victim, other adults at risk or children. This will be determined by the EM who must make a written record of this decision and the reasons for it.

The employer, EM or chair of the meeting will nominate a professional to conduct the interview. Employers will comply with their own procedures regarding such investigations. If the interview is conducted by the allocated SAP or other person nominated by EM or chair of the meeting they will:

- Explain to the 'person alleged to have caused harm' the aims of the interview in the context of a safeguarding enquiry and any ERM that may consider that enquiry.
- Inform the 'person alleged to have caused harm' that they are entitled to have someone in the interview to support him/her. It must be made clear that the role of that person is to support the person and not to respond to questions on their behalf.
- Inform the 'person alleged to have caused harm' that they do not have to attend any interview with the SAP but that if they do not do so the ERM will draw conclusions without their account having been given.
- Inform the 'person alleged to have caused harm' that if they do attend the interview, they do not have to answer any questions they do not wish to.
- Make them aware that a written record of the interview will be produced. They will be given the opportunity to read and sign the record of interview to indicate that it is a true account of their version of events or to amend the record if it is not.
- Explain their account will be shared with appropriate professionals at the ERM, stored on the Local Authority computer systems, and will be considered as part of the safeguarding enquiry.
    - Inform the 'person alleged to have caused harm' that if any information about a crime becomes known because of the interview it will be shared with the Police. In those circumstances the interview should stop. Every version of the written record must be

retained as part of the Enquiry record and considered as third-party information for disclosure purposes.

3. Interviews where the 'person alleged to have caused harm' is employed by a Registered Care Provider or a non-registered employment service and category 1 above does not apply.

Where the 'person alleged to have caused harm' is employed by a Registered Provider responsibility for interviewing the 'person alleged to have cause harm' will rest with the employer, unless agreed otherwise with the SAP.

Relevant information from the interview will be made available to the ERM to allow full consideration of any information the 'person alleged to have caused harm' has provided about the allegations. This information should be provided in the form of a summary of the investigative interview focussing particularly on evidence that will substantiate or refute whether harm has been caused.

4. Interviews where the 'person alleged to have caused harm' fits none of the above categories.

Interviews with the 'person alleged to have caused harm' should not take place if to undertake them would pose an unacceptable risk to the adult at risk, other adults at risk or children. This will be determined by the SAP & EM, who must make a written record of this decision and the reasons for it.

The obligations placed on the SAP in such a case are set out at 2 above.

Appendix 12 – Large scale safeguarding enquiries – operational guidance

Large scale safeguarding adult enquiries – operational guidance

1. When this guidance applies

1.1 This guidance applies in the following circumstances –

- Where there are multiple safeguarding adult Enquiries which involve regulated and contracted care or support services. In this context regulated services mean care homes (with or without nursing), supported accommodation, day services, hospitals and domiciliary social care services

or

- In cases where one person providing care is thought to have harmed or has harmed several adults using the service or in an unregulated setting.

1.2 These are both Section 42 Enquiries but need treating differently because of the scale of work required. The terms “Whole service enquiry” and “Large scale enquiry” are to some extent used interchangeably by staff in agencies. Large Scale Enquiry (LSE) is used in this document because it better describes the diverse circumstances where multiple concerns arise.

1.3 A flowchart giving a simplified account of the initial processes is attached at the end of the Appendix. Each Local Authority may have their own internal guidance in addition to this Appendix.

2. Why a large-scale enquiry might be needed?

2.1 When a safeguarding concern is received and through the course of a safeguarding adults enquiry the Enquiry Manager (EM) will need to consider if the harm being alleged or caused to one adult could indicate a risk to others. This could arise when some or all the following factors apply:

- Complex concerns relating to several adults using the same service. There is no specified threshold for the number of adults, as account must also be taken of the severity of harm/ allegations of harm.
- Types of harm being reported appear to be organisational. This means they are repeated either at one time or over time e.g. several serious medication errors or actual or potentially dangerous or neglectful actions by staff.
- Serious reported incidents of harm to several adults at risk. This means concerns that meet the definition for safeguarding enquiries about adults at risk.
- Indications that multiple criminal offences may have been committed against adults at risk.
- Multiple breaches of the Health and Social Care Act 2008 may have been committed e.g. regulatory breaches, inappropriate recruitment or retention (e.g. lacking references, no DBS clearance obtained).
- The service has an accumulation of “deficits” and problems over time which are not being addressed and are or could cause serious harm, i.e. a cluster of quality related issues that have been highlighted and discussed with the provider (e.g. lack of compliance with care plan, unwitnessed falls, poor interaction between adults where no actual harm resulted, medication errors where no harm results), but actions not taken in a timely manner to address the concerns..

2.2 The range of concerns set out above is varied. Each incident which arises must be considered in conjunction with others, together with prior knowledge of the service, to decide if an LSE is necessary. It must be borne in mind that action in relation to any of the above circumstances is likely to mean that professionals will need to instigate reviews of the services that adults receive. This may, in turn, mean that thought will be necessary about whether the service can meet the adult’s needs.

2.3 The local authority Head of Service, Safeguarding Adults or equivalent, will always be the professional who authorises an LSE and will notify the responsible local authority Director or equivalent as well as explaining the reasons for it.

2.4 Once the decision is made, the senior operational manager (probably at Head of Service level or above) may, depending on the level of severity, decide to act as the Enquiry Manager (EM). Alternatively, this responsibility can be delegated to a direct report or another colleague. In the most complex and serious of cases it could be beneficial to appoint another senior manager as an Independent Chair.

3. Intervening because of the poor quality of service

3.1 This guidance is about responses within the safeguarding umbrella not what to do in response to concerns which are primarily about quality of services. Where those concerns need investigating because they are the main presenting problems responses will be led by a contract monitoring or quality and performance team. Their work will be focused on the contract standards and service specification. It may be relevant to involve both local authority and NHS Dorset commissioning.

3.2 In parallel with this the Care Quality Commission (CQC) can, through inspections and intelligence gathering, determine if regulatory standards are met and take enforcement action if necessary. In these circumstances it is likely that Safeguarding Adult Services may need to advise or become more involved because inadequate and/ or repeatedly poor-quality services can impact on safety and wellbeing of adults at risk.

3.3 Clarification about the level of risk and interventions required is essential. Once that is decided it will be equally important to decide which agency/ sector/ team takes the lead. This is crucial to the good organisation of an LSE. The lead service will assume responsibility for arranging discussions with relevant agencies that need to be involved, about who does what and when and, unless decided otherwise, for coordinating communications including feedback to and liaison with the service provider.

3.4 This 'Multi-Agency Provider Support' (MAPS) approach, referred to under 5. below, must be focused on providing advice and support to the provider to improve the quality of care to make the adult safe. It may also provide evidence of the efforts made by the provider to improve and prevent the need for other interventions.

3.5 This Appendix focuses on guidance and processes both generally and for specific agencies. These are important but it must be remembered that the core responsibility of any agency involved in a large-scale enquiry is the safety of adults and protecting them from harm or the risk of further harm. To this end and proportionate with an assessment of the situation, all staff will report concerns and take actions, as necessary.

4. Multi-agency working

4.1 The likelihood is that an LSE will involve a range of agencies concerned with both the protection of adults and for quality or standards of care.

4.2 Agencies likely to or may be involved include, for example, the following –

- Local Authority, including care managers and/ or social workers, occupational therapists, Contract Monitoring lead.
- ICB/ Health Trusts, including community health care services, GP, physiotherapists
- Dorset Police
- Crown Prosecution Service
- Commissioners of services whether, from health or the local authority, may be involved but will certainly need to be briefed.
- This is not an exhaustive list.

4.3 Careful planning and detailed cooperative multi-agency working will be required throughout. Underpinning this expectation is the Care Act Guidance (2016) which makes it clear that all agencies have a responsibility to work with the local authority and the Police during the Section 42 (2) Safeguarding Enquiries. This could include acting as the Nominated Enquirer (NE) for some adults. The requirement for this and other roles set out in these Procedures apply just as much in the Large-scale Enquiry as in individual Enquiries.

4.4 This Appendix sets out the general expectations and requirements of agencies. A statement from each of the major agencies that could be involved in an LSE about their individual roles is included at the end of this Appendix.

5. Multi-Agency Provider Support (MAPS)

5.1 This Appendix introduces the MAPS approach which is designed to ensure there is a focus on learning and taking action to improve services, rather than attributing blame.

5.2 MAPS is both a principle as well as a practical operational tool and there needs to be an understanding it is of real importance at any or all stages of the LSE. As the term suggests clear advice and support, based on sound observation, must be given to the provider to improve the quality of care and make the adult safe.

5.3 It may also provide evidence of the efforts made by the service provider to improve and prevent the need for other interventions. Consistent with other aspects of this guidance there will need to be a designated professional (or more than one if there are different disciplines to report on) who has the responsibility to feedback and give advice.

5.4 There will also need to a designated person (usually the Registered Manager) from the service provider who is accountable for receiving the communications and ensuring that action follows.

5.5 The frequency and format of feedback (verbal/ written) will also need agreement and must be recorded so it can be reviewed as part of a Large -scale Enquiry if necessary.

6. Making Safeguarding Personal (a person-centred approach to keeping people safe)

6.1 Often an LSE will involve an intense period of work and there may be a risk of the adult and her/his individual needs getting “lost”, so it is vital for agencies to keep focused and sensitive to these.

6.2 Extensive guidance about person centred approaches is contained in the main body of the Safeguarding Adults Procedures. There are many references to the Making Safeguarding Personal (MSP) approach in the Procedures. **Appendix 5** contains a specific definition.

6.3 Care Act Guidance makes it clear that a person-centred approach is crucial to the way agencies operate. This means accountability to the adults at risk regarding whether it is possible to achieve all the outcomes they want.

7. The responsibilities of the service provider

7.1 Whilst much of this guidance is directed at the agencies who lead on or support safeguarding enquiries and interventions it must never be forgotten that it is the actions of the service provider that are frequently key to either promoting good practice (and therefore preventing harm) or allowing harm to take place.

7.2 Good recruitment practices, effective supervision, focussed training and direct observation of staff practice will all be crucial and may well come under the spotlight as and when Safeguarding Concerns are raised.

7.3 Service providers also have responsibilities to work in partnership with commissioners to ensure that when things do go wrong, they can both report it and, if appropriate, seek help to put matters right without delay.

8. Cross-boundary Enquiries

8.1 Where a service is funded and located in another area, the ADASS and LGA Advice note for Directors of Adult Social Services – Commissioning out of Area Care and Support Services (published November 2018) will apply.
Advice note - commissioning out of area care and support services (local.gov.uk)
This guidance puts lead responsibility for the LSE on the host authority (i.e. where that service is located) and includes expectations that all funding authorities will cooperate.

9. Individuals who harm multiple adults at risk

9.1 Many of the same features as set out above also apply where it is identified that one individual may have harmed several adults, as with a range of institutional type failures (which, of course, still have their roots in the actions or inactions of one or more staff). It is possible though that when one person's actions are responsible there could be a degree of pre-meditation about them.

9.2 Should the harm be shown to have occurred over a length of time there may be reason to think that the individual has concealed his/ her actions. It will be important to ask workplace colleagues or other witnesses for observations and views to assess any possible collusion. They may also hold evidence that will be important in the enquiry or possibly in Police investigations.

9.3 It will be necessary to have an early discussion with Dorset Police about a potential criminal investigation. Led by the Police, decisions will have to be made about collecting evidence, protecting other adults from harm and avoiding inappropriate interventions.

9.4 All references above to the responsibilities of agencies to refer individuals to the relevant registration body apply here and must be adhered to. See Appendix 18 (PiPoT) for further guidance.

10. How to organise Large Scale Enquiries

10.1 When an LSE involves several adults who have experienced harm or are at risk of harm the issues are often complex and involve diverse concerns for different agencies. For example, Dorset Police may want to look at evidence of criminal activity, commissioners at contract compliance and regulators at professional and organisational standards. Because of these cross-cutting complexities, it will be important to try and make an early estimate of the priority areas of focus and the time and staffing resources required. This will help focus the enquiry and avoid unnecessary risk of drift or delay.

10.2 There are several actions to undertake at the outset of the LSE and these should be discussed at an initial Enquiry Planning Meeting (EPM).
Information gathering will be an important initial activity as follows –

- the names and details of all the adults at risk within the LSE.
- the funding bodies of all the adults at risk
- details of health and social care services the adult is receiving and details of the staff and agency providing them.
- details of the GP practices that visit the service provider's establishment. This information must be shared with the ICB.

This allows for a basic information spreadsheet to be developed.

11. Role of the Enquiry Manager (EM)

11.1 The EM has a critical role. Agencies involved need to be clear that they have accountability to the EM for actions and feedback or reports to be provided, within the timescales specified or in response to reasonable requests.

12. Large Scale Enquiry planning checklist

12.1 The checklist approach is important because it will inform the first steps of the EPM to ensure comprehensive planning of the intervention. It is not exhaustive and will not be relevant for every enquiry. Many actions will have to be reviewed and revised during the progress of the enquiry.

12.2 The following points are important for the checklist approach:

- Has an initial individual adult at risk and/ or collective risk assessment of the service provider been completed? If not are agencies confident that there is already sufficient information without one? Is this confidence based on sound evidence that everyone is safe?
- Clarification and confirmation of which concerns are known to each agency. Gather an understanding of what that agency's involvement with the service provider and adult at risk has been to date.
- Discuss timescales for any Police investigation so it will not be compromised but neither is the safety of an adult during the time it may take.
- Agree what does not need to be considered within the S.42 LSE.
- Agree the themes and specifics to be examined, actioned and reported on by each agency (e.g. Police, CQC, Health, Local Authority or the service provider themselves) including the allocation of the NE roles. Each agency also to consider whether there are any actual or potential conflicts of interest e.g. NHS Trusts who are investigating the actions of other NHS staff.
- Agree the timescales for these actions (including complaints and disciplinary action concerning staff) and ensure each agency representative is aware of their responsibilities to adhere to these. Make sure the Action Plan is complete and contains realistic timescales with enough details to identify who is doing what. Consider whether concerns about the behaviours and actions of staff justify recommending their suspension, and/ or suspension or limits/ controls on local authority placements or service contracts. Decide who will take this up with the service provider, whose responsibility it is to make a referral to the registration body.
- Identify what evidence is required and the arrangements for procuring and preserving it, including records and, if necessary, a medical examination.
- Note: only the Police and CQC may obtain or seize original documentation. Other agencies are only entitled to have copies.
- Obtain documentary evidence about failings. This could include policies, protocols, care plans, or plans of the building and maps of the local area.
- Using the initial and any subsequent risk assessments, consider whether there should be a review of services provided to some or all the adults receiving it because of potential or actual risk of harm if it continues or without significant changes to reduce risk.
- Use the spreadsheet to keep a chronology of all incidents related to the enquiry and keep a clear and agreed record of all activity and concerns and updates, as necessary.
- Ensure there are accurate and agreed records of all EPM and Review meetings.
- Consider need to consult or inform other agencies if not already directly involved. It may be appropriate to ask for views and/ or a written report.
- Be aware of the possible need for legal advice about, for example, enforcement actions or suspension or withdrawal of contracts.

- The Safeguarding Adult Practitioners (SAP) and/ or managers will work alongside and support the activity of others involved. This is likely to include management of the action plan, support for the provision of the reports of the NE(s) and feedback to the service provider with observations about the safety of their current practices, whether it is achieving recovery and/ or what else they need to do and the timescale for this.
- Consider the capacity of those using the service and therefore ensure the EPM have a clear view of what should be asked of and said to those who use it. Where capacity to engage in meaningful discussions about the service is in question a capacity assessment and best interest decisions may be required.
- If it becomes obvious that the adult is not able to represent him/ herself identify who to communicate with as the representative. Ensure that appointment of advocates is considered for adults who are not capacitated in relation to decisions being considered and have no other representatives.
- Consider how to involve informal carers and others who may need to know both at the beginning and throughout the enquiry. Think about holding a meeting with relatives and informal carers. Face to face meetings can be very effective to give clear explanations, listen to concerns and offer support. Be clear about what information you can share before doing this and consider giving a clear statement about this at the beginning.
- Consider the need for a wider communication strategy, i.e. senior managers, stakeholders and responses to possible media interest. Being prepared and having an agreed draft statement/ press release could be very beneficial. This may need to be agreed with other partner agencies. See point 14 below.
- Wherever possible and appropriate engage with the service provider so they can take responsibility for the actions required to resolve the risks of harm and put right what has already gone wrong. Remember that the LSE is not about attributing blame, but about finding out what has gone wrong, preventing further harm and, as far as possible, making sure it does not happen again through the promotion of embedded learning.

13. Key issues in an Enquiry Planning Meeting for a Large-Scale Enquiry

- The Enquiry Manager has a critical role. Agencies involved need to be clear that they have accountability to the EM for actions and reports to be provided, within the timescales specified or in response to reasonable requests.
- Key personnel from relevant agencies should be identified and invited to the initial EPM. Those who attend EPMs will need authority to act for and on behalf of their agency.
- Clarify operational procedures e.g. confirm this is an EPM within the meaning of the Safeguarding Adults Procedures. It may sometimes deviate from this norm, for example where the Police Major Incident Procedures apply.
- Jointly agree the likely usual attendance and distribution list for Minutes. Also agree the initial staffing commitment required i.e. SAPs and managers required to support the enquiry and the venue for the EPMs.
- Ensure that personnel involved do not and are not seen to have any non-professional interest in the service related to the enquiry.
- Give sufficient attention to the preparations required for the interview of witnesses who may include the adults at risk and may therefore need support. It may be necessary for specialist staff and interview facilities to be available.
- If necessary, ensure that other local or health authorities who are funding services are included in meetings through invitations to attend the EPM or other meetings or via regular updates including the provision of meeting Minutes.
- Make sure that any planned formal actions e.g. recommendations about suspension of staff, suspension or withdrawal of contracts, are properly recorded and fully compliant with the law.
- Ensure that records generated by, and possibly taken from, the service facility, are kept securely.

- Agree and maintain arrangements for keeping senior managers and Members informed and updated about the state of the service and changes that occur over time. See also Section 5. below on communications.
- Different agencies priorities need to be reconciled and not viewed competitively. This may be particularly important when making sure Police investigations are fully addressed.
- Think about referring to your agency's procedural guidance whether the Pan-Dorset Procedure for the management of the closure of a care home needs to be used if an urgent planned closure is considered because other options for improvement or maintenance are not realistic.
- Offer advice about a possible meeting with relatives and informal carers and be prepared to fully participate in this.
- Observations about practice within the service must be maintained as must feedback about ongoing concerns or improvements made. A rota of staff (probably to be drawn from different agencies) may well be needed to ensure systematic monitoring

14. Communication – actions to be taken

14.1 Even if not initially necessary a press statement should be prepared and agreed between the relevant senior managers and Communications Unit for each key agency involved. This should be revised as necessary in the light of changing circumstances and actions over time. It needs to be ready to be issued urgently if circumstances require it.

- Depending on the severity and critical nature of the LSE the local lead agency may need to provide regular briefing and information to the other agencies involved. This could be frequently required in a large service where different staff are engaged in very diverse pieces of work.
- Feedback to the service provider is critical and may be needed daily. This is fundamentally important to tell the service provider about the effectiveness of the agreed actions in improving performance. It will be necessary to be clear if this is not happening, or only partially being effective, and agree what more needs to be done and within what timescales.
- Within the limits imposed by confidentiality, give feedback to those who initially raised the concerns.
- Make sure that IMCA and advocacy services are fully alerted to the possible need for their intervention,
- Where there are a substantial set of concerns in a very large-scale service with many or all adults at risk who receiving the service consider the need for a helpline or identified point of contact over and above the individual professional allocated.
- Agree and maintain arrangements to keep senior managers and Members informed and updated about the progress of the LSE and how risk is being managed and mitigated or continues.
- Ensure MAPS issues are fully communicated and recorded. Section 5. above refers.
- It is to be hoped that improvements identified will be made by the service provider and that, in time, there will be a defined end to the formal large scale S.42 enquiry. This would be agreed at a final ERM.
- This may be the end of the matter, or it may be agreed to maintain monitoring and ongoing support. In this context consider holding a forum to bring together staff from key agencies with the service provider to check that required longer term actions are undertaken. e.g. the appointment of a new manager and addressing his/ her ongoing learning and development needs. Any new concerns will be usefully considered in that forum as well, if appropriate. In these circumstances it will have to be decided if that forum is led by staff from the safeguarding service or from commissioning or quality monitoring teams.
- Staff who have known about the history of a service may be particularly sensitive if further concerns are identified and might raise these as safeguarding matters. This could be appropriate, but it is also possible that having established improvements and engendered more trust it is possible that the service can respond satisfactorily to

these without a Section 42 enquiry. This will have to be considered on a case-by-case basis.

- A MAPS forum which offers continuing support, guidance and feedback with an accountable person representing the service provider could be a very useful resource to put in place to consider and review new concerns arising and assess the risk posed and whether they can be responded to by the provider, with support as necessary, or require a further safeguarding referral. See point 5 above.

15. Post enquiry actions

Consider providing a debrief for staff who have been involved. Lessons learnt, or best practice derived from the enquiry and its' outcomes should be made available so that training issues or practice improvements can be identified.

Managers should carefully consider whether to provide counselling for staff in their agency if they were personally affected by the enquiry and what was found.
Consider the need to recommend that a Safeguarding Adult Review (SAR) is held and even if the set of concerns do not meet the threshold for this a summary report of learning might well be called for. See HERE for more information on when to refer to the SAB for a SAR.

Lessons to be learnt from one LSE may well be applied elsewhere or more generally. The SABs and safeguarding teams should routinely review this learning and what to disseminate from completed enquiries.

16. Individual agency responsibilities

Dorset Council

Safeguarding Adults Team

- Safeguarding Triage Team to process the Section 42 Concerns that are raised in relation to the provider
- To share information with relevant agencies.
- To contact other professionals and agencies, to gather further information as required.
- To contact relevant Safeguarding Practice Manager for the area the provider is located, to decide, as to whether the concerns need to progress as a section 42 enquiry or not.
- Safeguarding Practice Manager to organise an Enquiry Planning Meeting for the concerns raised and decide as to whether a full section 42 enquiry is required. If so, the enquiry will be undertaken by the relevant Safeguarding Adult Practitioner's with the Specialist Safeguarding Team.
- Once the enquiry has been completed an Enquiry Review Meeting will be organised and chaired by the Safeguarding Practice Manager
- Alongside the above a Large-scale enquiry Meeting will be chaired by the Specialist Manager Safeguarding with all relevant agencies and professional involved attending to formulate a Large-scale enquiry plan of action.

Quality Improvement Team

- To support and undertake regular visits throughout the large-scale process to monitor agreed service improvement plans and to ensure that sustainable change has been achieved and risks satisfactorily reduced.
- These visits will be undertaken in an unannounced capacity and may be out of usual working hours to monitor satisfactory progress.
- Communication updates on developments to Strategic Commissioning Managers.
- Support/contribution to Provider Led Business Continuity Plan.
- Support the instigation of a Care Home Closure policy.
- Regular dialogue and updates on developments with the Safeguarding Adults Team and Chair of any large-scale enquiry.

Locality Team

- Review all residents supported by the provider who are funded by Dorset County Council.
- To review all Self-funders within the relevant service.
- To organise any necessary alternative placements required following reviewing the residents due to level of risks.
- To attend the Large-scale enquiry Meetings as required.

BCP Council

Adult Safeguarding Hub (ASH)

- ASH to coordinate the Section 42 Concerns that are raised in relation to the provider
- To contact other professionals and agencies, to gather further information as required.
- To share information with relevant agencies, i.e. ICB, CQC, Police etc.
- To contact relevant Managers in ASC covering the area the provider is located, to assist in deciding, as to whether the concerns need to progress as an LSE and/or Section 42 enquiry or not.
- ASH will co-ordinate an Enquiry Planning Meeting for the concerns raised and decide as to whether an LSE required in discussion with the relevant Service Manager. If so, the LSE will continue to be co-ordinated by the SST.
- The Large-scale enquiry Meeting will be chaired by a Manager from the ASH or the relevant Service Manager, depending upon the complexity of the situation. All relevant agencies and professional will be invited to attend to formulate a Large-scale enquiry plan of action.

Locality Team/CLDT/CMHT

- The above Teams may be requested to undertake one or all the roles listed below:
- Provide specialist input where specific assessments or professional opinions are needed, e.g. Occupational Therapy.
- Review all residents supported by the provider who are funded by the Council.
- To review all Self-funders within the relevant service.
- To organise any necessary alternative placements required following reviewing the residents due to level of risks.
- To attend the Large-scale enquiry Meetings as required.

BCP Council Contracts and Service Improvement

- Support SAPs with the enquiry and information gathering. Contract Officers and Service Improvement teams are experienced in supporting providers about CQC requirements, Contract Compliance and good practice.
- Assist the provider with processes and enabling good evidence-based documentation to be produced.
- Help evidence good practice and compliance for a wide range of subjects linked to CQC and contract compliance.
- Provide historical information regarding previous safeguarding's and non-contractual compliance as evidence of historical non-compliance.
- Assistance with formulation of themed action plan.
- Monitoring of action plans.
- Reporting back to LSE through either professionals meeting or ERM.
- Can be part of a multi-agency approach to support the provider to improve quality and safeguard residents.
- Signposting to relevant professionals and organisations as appropriate.
- Monitoring alongside LSE to evidence compliance and raise any further safeguarding concerns that may arise during our visits.

Dorset Police

Dorset Police will provide an information sharing document and an officer from the adult safeguarding team will triage the information, allocate an officer (OIC) to attend any enquiry planning meeting. We will establish whether a crime has been committed and if the investigation

meets the threshold for a full police investigation. If this is the case, then a senior investigating officer (Detective Inspector or above) will be appointed to manage the investigation.

NHS Dorset
As a statutory partner for the Safeguarding Adult Boards the ICB requires to have an oversight of all the large scale enquires to carry out their statutory duties.

This will allow the Designated Adult Safeguarding Manager (DASM) to

- Determine exactly if any of the adults in the home are funded through either CHC, FNC or section 117
- To compile any information that the ICB may hold within their QA team, including intelligence from monitoring visits, infection control visitors.
- To understand any requirements for clinical reviews, as this will need to be negotiated between the ICB, Healthcare providers and the Local Authority to scope what is required and to determine how this can be resourced. (This is to be able to understand any capacity issues currently within the community services, and to scope what they can provide)
- To communicate directly with CHC, as all CHC funded adults should also have a case manager.
- To inform all GP practices relevant to large-scale enquiry, so they are aware of the matter, to be able to support

All this information would be gathered and either brought to a meeting in person or via report.

The DASM would expect to continue to have a high-level overview of the process throughout the LSE, which could be through either attendance at meetings or receiving high-level feedback from delegated members of the ICB or Healthcare provider agencies requested to attend the LSE meetings on behalf of the DASM and provide feedback to the DASM.

Dorset Healthcare University NHS Foundation Trust (DHC)

SUMMARY
The Lead Manager for Safeguarding will nominate a DHC Safeguarding Team representative to attend planning/ review meetings and to co-ordinate DHC's response when asked to do so by the relevant local authority or ICB.

Representatives from DHC Services who currently support patients receiving care from the service provider who is the subject of the LSE may be required to attend the initial LSE planning meetings and subsequent reviews.

DHC staff must collaborate with openness and transparency to facilitate trust, dialogue and actions for improvement.

ACTIONS
To collate and share information from the DHC Services who currently support patients receiving care from the service provider who is the subject of the LSE.

If the sharing of information on patients known to DHC Services will not mitigate the risks of harm to others receiving care from the service provider. DHC will consider whether there is capacity from DHC to allocate staff to visit those not already known to DHC services. Generally, the intervention will be in the form of a brief overview of the health needs of an adult. A full standard assessment will only be conducted in exceptional circumstances where a proven need for this has become evident. The overview will list the service user's health needs, and a summary of the care required, using the relevant DHC documentation.

DHC may be requested to undertake other assessments to support the LSE, such as the completion of MUST or a body map for all the residents. In such cases, the Lead Manager for Safeguarding DHC will discuss the nature and level of the assessment required, with the

relevant Service Manager, to identify what capacity is available in the system to support the actions that have been requested.

Whilst DHC acknowledges that best practice would be for the overviews to be conducted with LA representatives, this may not always be possible, as DHC may need to complete the overviews at a time that clinicians can be released from their normal roles without placing their existing patients at risk by a reduced service.

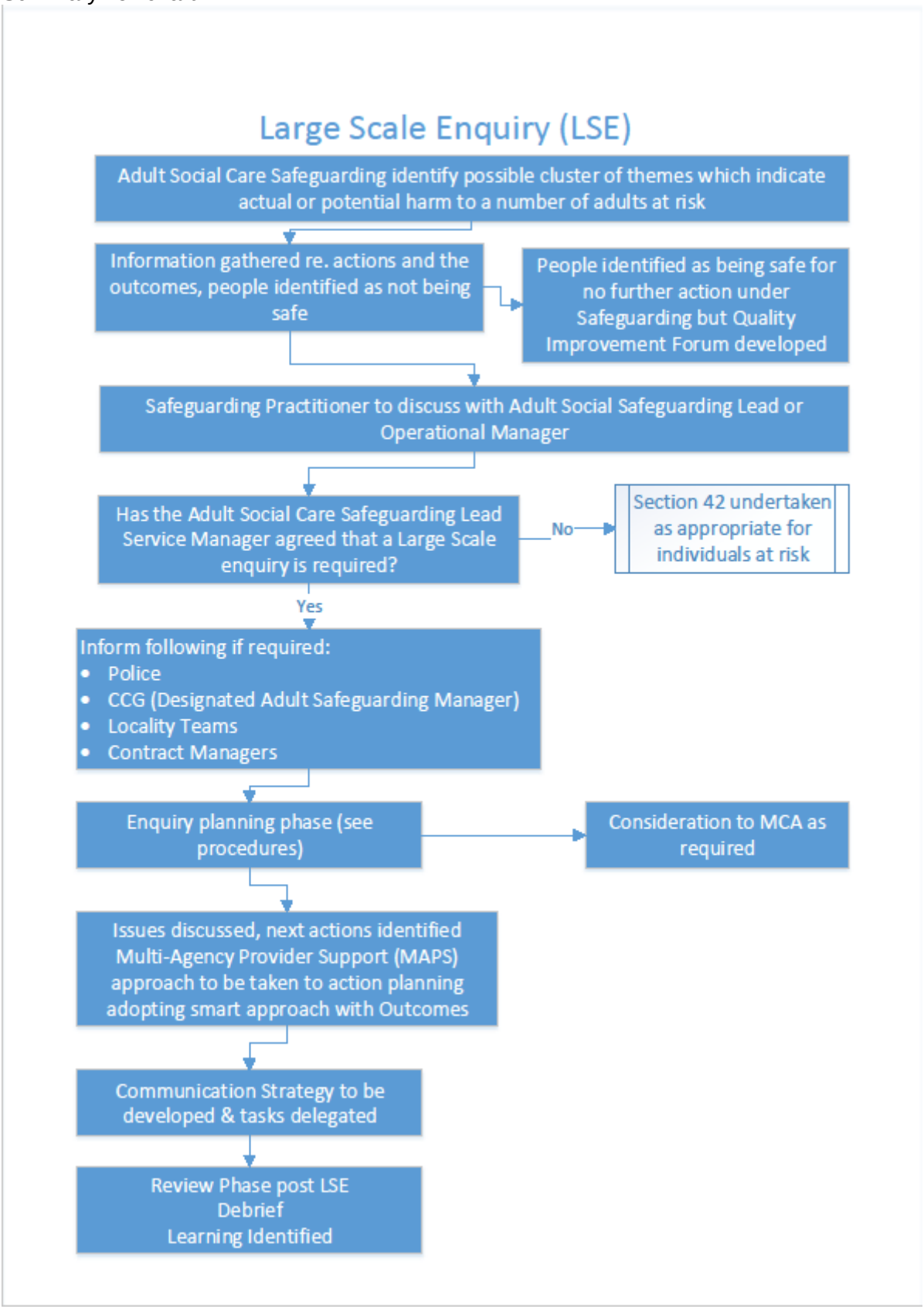
A verbal summary of findings and actions will be shared at the time that the overviews are completed with the manager for the care provider. Where feedback is given best practice would be that clinicians do not undertake this on their own. If there is no one available from the LA to support clinicians should then undertake feedback to a provider with another DHC Clinician.

The feedback given should then be documented on the forms in the Large-Scale Enquiry documentation used by DHC and any further information in a report format.

Indications of new safeguarding concerns and/or risks will be shared with the LA as a matter of priority and raised as a safeguarding concern according to the Multi-Agency Safeguarding Adults Procedures.

DHC Safeguarding Team will support Professionals involved in the LSE, i.e. those requested to undertake NE functions etc.

Summary flowchart



Appendix 13 – Death of Adult

Death of the Adult at Risk

If a concern or complaint is received after an adult at risk has died
The concern or complaint could contain an allegation or suspicion that harm or neglect was contributory factor in the adult's death. The allegation may be made by a family member, partner or friend, a concerned member of employees who is 'whistle blowing', or because of a report from the coroner. Such a concern will give rise to action under the Safeguarding Adults Procedures. It will be necessary to try and ensure no further adults are at risk from the same source and, if they are, to take steps to ensure their safety. Decisions may also be taken about whether a serious case review will be undertaken.

If the adult at risk dies during the Safeguarding Adults process
The Safeguarding Adults process will continue, and an immediate review must take place to decide whether the death was because of the inadequacy of the safeguarding plan or whether poor inter-agency working was a contributory factor. In either of these situations the Police may be involved where there is evidence or suspicion:

- That the actions leading to harm were intended
- That adverse consequences were intended
- Of gross negligence and/or recklessness

The coroner will be informed by the police of the death as soon as possible (and before burial or cremation) if harm or neglect is suspected to be a contributory factor.

If the incident occurred in a health or social care setting and involved unsafe equipment or systems of work a referral may be made to the Health and Safety Executive (HSE). The HSE will decide whether to investigate.

An Enquiry Planning Meeting of the relevant organisations should be convened to review the allegation or complaint and to agree a co-ordinated enquiry/investigation. If there is to be a police investigation, that investigation will take primacy. All organisations will be expected to co-operate in the agreed process.

Consideration should be given to whether there should be an independent manager's review or a request to undertake a SAR to examine the circumstances involved.

Please contact the BCP SAB Business Manager or the Dorset SAB Business Manager for the SAR Protocol. Or refer to the SAR Quality Markers.

If the adult at risk was a victim of domestic violence and was murdered, a statutory duty to undertake a Domestic Homicide Review (DHR) exists. This is likely to be combined with an SAR. The Home Office must be informed of any learning outcomes from the review through the Chair of the relevant Community Safety Partnership (CSP).

Statutory guidance for the conduct of domestic homicide reviews - GOV.UK (www.gov.uk)

Appendix 14 – Independent Advocacy and "substantial difficulty"

Local Authorities have a duty to involve the adult in a safeguarding enquiry. Involvement requires supporting the adult to understand how they can be involved, how they can contribute and take part, and lead or direct the process. As part of the planning process, the Local Authority must consider and decide if the adult has "substantial difficulty" in participating in the safeguarding adult enquiry. The Local Authority should make all reasonable adjustments to enable the adult to participate before deciding the adult has "substantial difficulty".

"Substantial difficulty" does not mean the adult cannot make decisions for themselves; this is a different matter and reference to Appendix 15 may be necessary. It refers to situations where the adult has "substantial difficulty" in doing one or more of the following:

- Understanding relevant information. Many adults can be supported to understand relevant information, if it is presented appropriately and if time is taken to explain it to assist retaining that information. If an adult is unable to retain information long enough to be able to weigh up options, and make decisions, then they are like to have substantial difficulty in participating.
- Using or weighing that information as part of the process of being involved, an adult must be able to weigh up information, to participate fully and express preferences for or choose between options.
- Communicating their views, wishes or feelings. A adult must be able to communicate their views, wishes and feelings whether by talking, writing, signing or any other means, to aid the decision process and to make priorities clear.
- If the adult has substantial difficulty with all of the above aspect, despite support, a formal capacity assessment and best interest decision. Input from a suitable advocate will be vital in this circumstance too,

Where an adult has "substantial difficulty" being involved in the safeguarding adult enquiry, the Local Authority must consider and decide about an appropriate person to represent them. This would be a person who knows the adult well, and could be, for example, a spouse, family member, partner, friend, informal carer, neighbour, Power of Attorney. The identified person will need to be willing and able to represent the adult.

An appropriate person to represent the adult cannot be a person who is involved in their care or treatment in a professional or paid capacity. Where the adult has capacity to consent to being represented by that person, the adult must consent to being represented by them. If the adult lacks capacity to consent to being represented by that person, the Local Authority must be satisfied that being represented by that person is in the adult's best interests.

The person who is thought to be the source of risk to the adult may be the most readily identifiable person to represent them, for example, a spouse, next of kin, or person closest to the adult in their social network. In such circumstances, careful thought is required about who is appropriate to represent the adult, but it is unlikely that the Local Authority would accept the person who may pose a risk of harm to them.

Where an adult has "substantial difficulty" being involved in the safeguarding adult enquiry, and there is no appropriate person to represent them, the Local Authority must arrange for an independent advocate. The Statutory Guidance to the Care Act states that where the need for an independent advocate has been identified, the local authority must arrange it.

Appendix 15 – Mental Capacity Act and Deprivation of Liberty Safeguards

Mental Capacity Act and Deprivation of Liberty Safeguards

Mental Capacity
Issues of mental capacity and consent are central to decisions made in the adult safeguarding process. All interventions need to consider the ability of adults to make informed choices about the way they want to live and the risks they want to take. This includes their ability to understand the implications of their situation and to act themselves to prevent abuse and to fully participate in decision-making about interventions.

The Mental Capacity Act (2005) (MCA) provides a statutory basis on which to empower and protect an adult who may lack the capacity to make decisions for themselves and establishes a framework for making decisions on their behalf. This applies whether the decisions are life-changing events or for everyday matters. All decisions taken in the adult safeguarding process must comply with the MCA.

The MCA starts with the presumption that, from the age of 16, we can make our own decisions – including about our safety and when and how services intervene in our lives. It then sets out the test to determine whether an adult can make a particular decision for themselves. This states that an adult only lacks capacity in circumstances where they are unable to decide because of 'an impairment of, or disturbance in the functioning of, the mind or brain.' It then elaborates on what it means to decide: the adult must be able to:

- Understand information relevant to the decision
- Retain that information long enough to
- Use and weigh the information & come to a decision
- Communicate that decision

Only if an adult cannot manage one (or more) of these elements do they lack capacity and someone else can make the decision on their behalf. This is known as a best interests decision.

If an adult lacks the capacity to decide for themselves, anyone who makes that decision for them is known as the 'decision maker' and must make the decision in that adult's best interests. This must involve:

- Considering the adult's past & present wishes
- Consulting with all those with an interest in their welfare
- Considering the least restrictive way of achieving the desired outcome
- Balancing the pros and cons of each available option to conclude about what is in the adult's best interests
- Record their rationale for making the decision

Remember the MCA Five Statutory Principles

1. **Assumption of capacity**: "a person must be assumed to have capacity to make a decision unless it is established that he lacks capacity".
2. Assisted decision-making: "a person is not to be treated as unable to make a decision unless all practicable steps to help him to do so have been taken without success".
3. Unwise decisions: "a person is not to be treated as unable to make a decision merely because he makes an unwise decision".
4. Best interests: "an act done or decision made, under this Act for or on behalf of a person who lacks capacity must be done, or made, in his best interests".
5. Less restrictive alternative: "before the act is done, or the decision is made, regard must be had to whether the purpose for which it is needed can be as effectively achieved in a way that is less restrictive of the person's rights and freedom of action".

Section 5 of the MCA offers protection from liability for those making decisions (or undertaking care functions), as if the adult lacking capacity had consented to it. However, before acting or making a decision on behalf of the adult, there must be 'reasonable belief'

that the adult lacks the capacity to make the SPECIFIC decision at the TIME that decision has to be made. Professionals must clearly record their rationale for why they believe the adult cannot make the decision themselves and must do this for each decision made.

For example, one decision could be whether the adult can consent to a Safeguarding Enquiry being undertaken. A separate decision could be whether the adult has capacity to state what outcomes they wish to achieve.

NOTE: Mental capacity can only lawfully be assessed in regard to a 'specific decision to be made at a specific time'. This means that professionals must never assess an adult's capacity to make decisions in general.

Deprivation of Liberty Safeguards
The Deprivation of Liberty Safeguards (DoLS) were added to the MCA to provide added protection to adults who are in hospitals or care homes and who lack the capacity to consent to a care & treatment regime that needs to deprive them of their liberty.

The DoLS apply where an adult is in a care home or hospital under conditions that involve 'continuous supervision and control' and they are 'not free to leave' and they lack the capacity to consent to these restrictions.

The care home manager or hospital (the 'Managing Authority') must make an application to the relevant Local Authority (the 'Supervisory Body') if they believe that they are caring for someone who needs to be deprived of their liberty. The DoLS apply regardless of whether the adult is compliant with their care or whether or not everyone agrees that it is in their best interests. All deprivations of liberty should be authorised through a proper legal process.

The Supervisory Body will arrange for two assessors to complete the DoLS assessment and, if appropriate, issue an authorisation to the care home or hospital to authorise the detention.

While the DoLS only apply in care homes & hospitals, a deprivation of liberty can occur in any care setting – including in an adult's own home; these are known as 'Community DoLS'. Such situations should be authorised through an application to the Court of Protection.

Professionals working with adults who may be deprived of their liberty should:
- Familiarise themselves with the provisions of the MCA
- Take steps to review existing care packages to determine whether there is a deprivation of the adult's liberty
- When implementing new care plans, be alert to whether they may lead to a deprivation of the adult's liberty
- Where a potential deprivation of liberty is identified, explore alternative ways of providing the necessary care & treatment that might be less restrictive and avoid depriving the adult of their liberty
- Where a deprivation of liberty is essential, be familiar with how to ensure that this is properly authorised (either through the DoLS or an application to the Court of Protection)

If you are unsure about any issue relating to the MCA, DoLS or the Court of Protection, you should seek advice from the MCA Lead within your organisation or the MCA/ DoLS Team based with the appropriate Local Authority.

Guardianship
Guardianship is a provision of the Mental Health Act (1983) under Section 7 and therefore only applies to an adult with a mental disorder. The Guardian has legal powers to determine where an adult may live, to require them to attend appointments with professionals and to allow access to their residence. It may be useful to consider this specific power if it is felt necessary to remove an adult from a situation or set of circumstances where they are being caused harm. Consideration of whether the powers under Guardianship may be suitable to manage risks and

facilitate provision of care can be made by the relevant local authority, who could assign an Approved Mental Health Professional (AMHP) to consider the case.

Appendix 16 – Local pressure ulcer protocol

The Dorset multi-agency framework for the prevention and management of pressure ulcers (updated 2019) is available on each Partner organisation's intranet and should be read alongside this Guidance.

The Dorset multi-agency framework for the prevention and management of pressure ulcers (updated 2019) is available on each Partner organisation's intranet and should be read alongside this Guidance

Pressure ulcers are considered an important part of the wider safeguarding agenda, the Care Act (2014) sets out the criteria for when a Local Authority may have reasonable cause to suspect an adult in their area:

'…. (a) has needs for care and support (whether or not the authority is meeting any of those needs),
(b) is experiencing, or is at risk of, abuse or neglect, and
(c) as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.'

In some cases, pressure ulcers may be due to neglect. Neglect is a form of abuse which involves the deliberate withholding or unintentional failure to provide appropriate and adequate care and support, where this has resulted in, or is highly likely to result in, significant preventable skin damage. Self-neglect can also be a contributary factor in the development of pressure injuries, ulcers or sores.

Skin damage can be due to a number of pre-disposing factors, such as the individual's medical condition and co-morbidities. This can compromise a person's skin integrity. External factors such as poor care, ineffective multi-disciplinary team working and a lack of appropriate or inappropriate use of resources, such as equipment and staffing levels can also be a factor.

It is recognised that not all skin damage can be prevented and therefore the risk factors in each case should be reviewed on an individual basis before a safeguarding referral is considered. All cases of actual or suspected neglect must be referred through the local safeguarding procedures.

A safeguarding referral should be considered if there is:

- Significant skin damage (Category 3, 4, or an unstageable ulceration).
- There are reasonable grounds to suspect that it could have been avoided.
- Inadequate measures have been taken to detect or prevent the development of a pressure ulcer.
- There is inadequate evidence to make a conclusive assessment from the above information.

In deciding about the need for a safeguarding referral:

- a medical history of the problem should be obtained
- contact must be made with former care providers for information, especially if the person's care has recently been transferred
- clarification must be obtained about the cause of the damage
- photographs of pressure ulcers should be considered in order to aid clarity, with the permission of the individual.

The Safeguarding Adults Protocol: pressure ulcers and raising a safeguarding concern (2024) offers a framework for practitioners to utilise when considering a safeguarding referral for a pressure ulcer.

Locally, you can find full details on managing Pressure Ulcers in the Our Dorset Multi Agency Framework for the Prevention and management of Pressure Ulcers.

Supporting information:

NSTPP summary recommendations

Pressure Ulcers: how to safeguard adults

Appendix 17 – Links with Children's Services

Harm by children
If a child or children is/are causing harm to an adult at risk, this should be dealt with under the Safeguarding Adults policy and procedures but will also need to involve the local authority children's services and possibly anti-social behaviour services.

Child Protection
Working Together to Safeguard Children 2015 provides the legislative framework for agencies to take decisions on behalf of children and to take action to protect them from harm and neglect.

Everyone must be aware that in situations where there is a concern that an adult at risk is or could be being harmed or neglected and there are children in the same household or in regular contact, they too could be at risk.

If there are concerns about harm or neglect of children and young people under the age of 18, referral must be made to the relevant children and families social care department.

Transition/Care Leavers
Where someone is nearly 18 and a safeguarding concern is raised, this should be dealt with as a matter of course through Child Protection procedures. However, consideration must also be given to the young person's transitioning to adulthood and what needs they may have when they turn 18. In the context of Safeguarding Adults, this is known as 'Transitional Safeguarding'.

Where someone is over 18 but still receiving children's services and a safeguarding concern is raised, this should be dealt with as a matter of course through adult safeguarding procedures. Where appropriate, they should involve the local authority's children's safeguarding colleagues as well as any relevant partners (e.g. police or NHS) or other persons relevant to the case. This also applies where someone is moving to a different local authority area after receiving a transition assessment but before moving to adult social care.

Robust joint working arrangements between children's and adults' services should be in place to ensure that the medical, psychosocial and vocational needs of children leaving care are assessed as they move into adulthood and begin to require support from adult services. The SAB and their partners have produced a Position Statement which describes good practice and individual agency responsibilities and can be found here

The care needs of the young adult should be at the forefront of any support planning and require a coordinated multi-agency approach. Assessments of care needs at this stage should include issues of safeguarding and risk. Care planning needs to ensure that the young adult's safety is not put at risk through delays in providing the services they need to maintain their independence, wellbeing and choice.

Appendix 18 – Allegations against people in positions of trust (PiPoT) including employees, volunteers, councillors or non-executive Directors

People in Positions of Trust (PiPoT: a framework and process for responding to allegations and concerns against people working with adults with care and support needs

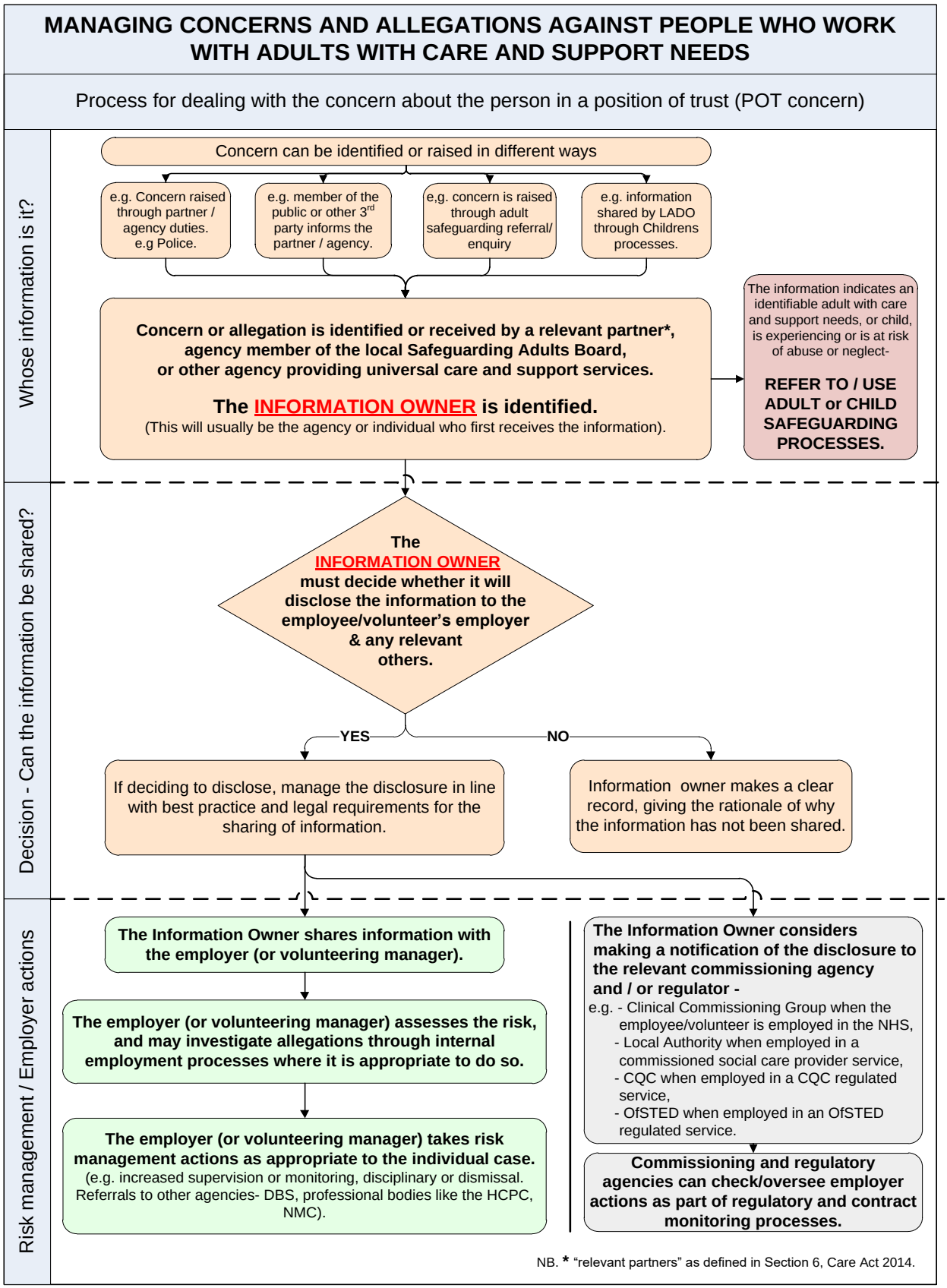
Summary

The Care Act 2014 introduced a single new statute to replace most existing adult social care law. The Care Act 2014 Statutory Guidance requires Safeguarding Adults Boards (SABs) to have arrangements in place about how allegations against people working with adults with care and support needs (i.e. those in a position of trust) should be dealt with.

Most safeguarding adult work is about protecting one or more identified adults with care and support needs but sometimes a risk or potential risk may be posed by a person who works with adults with care and support needs, but no specific adult is identified. Where such concerns are raised about someone who works with adults with care and support needs, it will be necessary for the employer (or professional body or student body or voluntary organisation) to assess any potential risk to adults who use their services, and, if necessary, to act to safeguard them.

This document provides a framework for BCP and Dorset SAB's partner agencies about what to do when responding to those allegations and concerns. It is directed at agencies and individuals who are "relevant partners" as defined in Section 6 of the Care Act 2014, and/or who are members of the SABs, as well as those agencies providing universal care and support services. It should be read alongside the SABs Multi agency Safeguarding Adults Procedures and the information sharing protocol within it.

Fig.1. Adult Position of Trust process – flowchart



1. Background

1.1 The guidance applies where allegations are made about professionals (paid, students or volunteers) which indicates adults at risk are believed to have suffered or are likely to suffer significant harm. Concern may also be raised if the professional is behaving in a way which demonstrates unsuitability for working with adults at risk, in their current position or any other position of trust. The allegation or issue may arise either in the professional's work or private life.

1.2 The framework builds on existing relevant statutory provision, particularly legislation that governs the lawful sharing of information, employer responsibilities to risk assess and manage the safety of their service and staff, and the Human Rights Act 1998 which addresses one right against another, or a person's rights against the interests of society. Any actions and interventions taken to address allegations that a person in a position of trust poses a risk of harm to adults with care and support needs must be lawful and proportionate, and be in accordance with any relevant statutory provision, for example, Data Protection Act 2018, the Human Rights Act 1998 and employment legislation.

1.3 Allegations against people who work with adults should not be dealt with in isolation and if a care assessment for the adult is needed this should be completed without delay and in a co-ordinated manner.

1.4.1 The Statutory Guidance reminds organisation that if they remove an individual (paid worker or unpaid volunteer) from work with an adult with care and support needs (or would have, had the person not left first) because the person poses a risk of harm to adults a referral to the Disclosure and Barring Service is required. It is an offence to fail to make a referral without good reason.

1.4.2 Organisations are reminded that they have a responsibility to discuss with the local authority any concerns about an adult in a position of trust known to them who may be unsuitable to work with adults who may fall within the scope of Section 42 (1) of the Care Act Statutory Guidance. The circumstances set out in the following section describe when the concern should be reported.

2. Scope.

2.1. This framework and process applies to concerns and allegations in a variety of circumstances. Examples include –

- Committing a criminal offence against or related to adults at risk.
- Failing to work collaboratively with social care agencies when issues about the care of adults of risk for whom they have caring responsibilities are being investigated.
- Behaving towards adults at risk in a manner which indicates they are unsuitable to work with those adults.
- Where an allegation or concern is reported about a professional, arising from their private lives. This would include being a perpetrator of domestic abuse or where inadequate steps are taken to protect adults at risk from the impact of violence or abuse.
- Where an allegation of abuse is made against someone closely associated with a professional, such as a partner, member of the family or another person in the household.

2.2 The framework applies whether the allegation relates to a current or historical concern. Where the allegation or concern is historical, it is important to know if the professional is currently working with adults with care and support needs or children and if so, to consider whether information should be shared with the current employer.

2.3. The framework does not cover complaints or concerns raised about the quality of the care or professional practice provided by the person in a position of trust. Concerns or complaints about quality of care or practice should be dealt with under the relevant agency or individual complaint, competence or representations processes.

3. Principles

3.1. There is no primary statutory duty specifically about the position of trust so actions taken must be in line with other relevant statutory provision, e.g. Data Protection Act 2018, Human Rights Act 1998 and employment legislation.

3.2 As with all safeguarding adults work the six statutory principles – empowerment, prevention, proportionality, protection, partnership and accountability - should inform this area of activity.

3.3. It is important to remember that the person in the position of trust may be entitled to ask to see any information held about them, i.e. unless doing so would endanger an adult at risk or child. It is also good practice to seek the adult's consent to share the information, provide the opportunity to share the information themselves, and offer the right to reply.

4. Legal framework - Confidentiality

4.1 The rules on confidentiality, privacy and the need to safeguard personal information arise from legislation and case law. They recognise the need for fair and ethical treatment of information.

4.2 The common law duty of confidentiality is not a written Act of Parliament but established by Court judgements. It recognises that some information has a quality of confidentiality, which means that the adult or organisation that provided the information has an expectation that it will not be shared with or disclosed to others.

For information to have a quality of confidentiality it is generally accepted that:

- it is not "trivial" in its nature,
- it is not in the public domain or easily available from another source,
- it has a degree of sensitivity,
- it has been communicated for a limited purpose and in circumstances where the individual or organisation is likely to assume an obligation of confidence.
- For example, information shared between a solicitor/client, health practitioner/patient. In such circumstances the information should only be disclosed:
- with the permission of the provider of the information; or,
- if the confidentiality requirement is overridden by legislation; or,
- if an effective case 'that it is the public interest' can be made.

4.3 Decisions on sharing information must be justifiable and proportionate, based on the potential or actual harm to adults or children at risk and the rationale for decision-making should always be recorded

4.4 Information about adults, children and young people at risk between agencies should only be shared:

- where relevant and necessary, i.e. not necessarily all the information held,
- with the relevant people who need all or some of the information,
- when there is a specific need for the information to be shared at that time

4.5 The General Data Protection Regulation (GDPR) and Data Protection Act 2018.

The 7 golden rules for information sharing

4.5.1 Remember that the General Data Protection Regulation (GDPR), Data Protection Act 2018 and human rights law are not barriers to justify or block information sharing but provide a framework to ensure that personal information about living adults is shared appropriately.

4.5.2 Be open and honest with the adult (and/or their family/representatives where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.

4.5.3 Seek advice from other practitioners, or your information governance lead, if you are in any doubt about sharing the information concerned, without disclosing the identity of the adult where possible.

4.5.4 Where possible, share information with consent, and where possible, respect the wishes of those who do not consent to having their information shared. Under the GDPR and Data Protection Act 2018 you may share information without consent if, in your judgement, there is a lawful basis to do so, such as where safety may be at risk. You will need to base your judgement on the facts of the case. When you are sharing or requesting personal information from someone, be clear of the basis upon which you are doing so. Where you do not have consent, be mindful that an adult might not expect information to be shared.

4.5.5 Consider safety and well-being: base your information sharing decisions on considerations of the safety and well-being of the adult and others who may be affected by their actions.

4.5.6 Necessary, proportionate, relevant, adequate, accurate, timely and secure: ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those adults who need to have it, is accurate and up to date, is shared in a timely fashion, and is shared securely (see information sharing principles above).

4.5.7 Keep a record of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

5. Key roles and responsibilities

5.1 The Information Owner

5.1.1 The owner of the information (the person who initially has it) relating to the concern or allegation is expected to -

- Take immediate risk management actions if needed and report concerns to adult or children's safeguarding services if felt necessary based on what is known,
- If the allegation or concern indicates an offence has occurred or may occur report this to the Police as a potential crime and to agree next steps, including the avoidance of contaminating evidence. If a criminal investigation is required, this may take primacy over an organisation's internal investigation,
- Refer to the relevant Local Authority Designated Officer (LADO) where the information indicates the professional also works with or could pose a risk of harm to children,
- Decide whether the information should be disclosed to the employer of the professional concerned.
  - as part of that disclosure think about any history of conduct, complaints, cautions or convictions that may be relevant to the potential risk.
  - if disclosing, manage this in line with legal and best practice requirements for information sharing – see sections above and at the end of this Appendix. Some

agencies may have protocols for sharing information in these types of circumstance – such as the Common Law Police Disclosure process – whereas other agencies may deal with these issues infrequently and therefore need to engage a senior manager and get their own legal advice, on a case-by-case basis.

- Where a disclosure is made, notify the relevant service commissioners and regulatory agencies,
- Record the information and decisions clearly, including the rationale for any decision made in keeping with the organisation's guidance about recording.

5.2 Employers, student bodies, or voluntary organisations (those who receive the information)

5.2.1 Any employer, student body, or voluntary organisation which is responsible for a professional in a position of trust about whom a concern or allegation is raised are expected to:

- Respond in individual cases where concerns are raised about people working in a position of trust, ensuring that the risk is assessed, investigated where appropriate through internal employment processes, and that risk management actions are identified and implemented as appropriate to the individual case,
- Ensure that adult or child safeguarding concerns that result from a concern about a position of trust are reported,
- Where appropriate, notify external agencies, i.e. CQC (where the person in a Position of Trust is working or volunteering in a regulated organisation), statutory and other bodies responsible for professional regulation (such as the General Medical Council and the Nursing and Midwifery Council, The Charity Commission) and the DBS,
- Provide feedback at regular intervals to the relevant Local Authority (if there is a related safeguarding enquiry) and to the organisation's commissioning agency (if they have one),
- Always try to keep the safety and protection of adults with care and support needs central to decision making,
- Organisations should have procedures in place setting out the process, including timescales, for investigation. This will include support and advice for individuals against whom allegations have been made. Any allegation against people who work with adults should be reported immediately to a senior manager within the organisation. Employers, student bodies and voluntary organisations should have their own sources of advice (including legal advice) in place for dealing with such concerns.
- Share information in line with these Procedures where it is known the person in a position of trust also has other employment or voluntary work with adults with care and support needs or children,
- If an organisation removes an individual (paid worker or unpaid volunteer) from work with an adult with care and support needs (or would have, had the person not left first) because the person poses a risk of harm to adults, the organisation must make a referral to the Disclosure and Barring Service. It is an offence to fail to make a referral without good reason.
- At the conclusion of any Position of Trust enquiries, consider if the findings demonstrate evidence of a theme or pattern in the context of similar past and historic concerns; identify potential themes or system wide issues within the organisation; and ensure that appropriate action is taken by their organisation so that learning from past events is applied to reduce the risk of harm to adults with care and support needs in the future.
- Record the information and decisions clearly, including the rationale for any decision made.
- Maintain records in line with agency record keeping policies and requirements. Because each agency will need to decide how to maintain records about people in

positions of trust and alleged to have caused harm the detail of that cannot be specified here. Clearly the principles and general guidance set out in Section 4 must be followed.

5.3 Taking action

5.3.1 The manager of the individual who is the subject of the allegation will work with the local safeguarding adults team and the Human Resources (HR) section of the relevant organisation to determine the appropriate course of action.

5.3.2 Cases may be referred to the agency's disciplinary or capability policy and procedure. The individual's manager has responsibility to follow the procedure in a fair manner and to decide on the right course of action. The individual circumstances of the case may have an impact, for example, whether it is possible to conduct a disciplinary investigation in parallel with a police investigation, where applicable.

5.3.3 Before the employer takes action to protect the adult, advice should be sought from HR and actions e.g. suspension of the professional must only be approved and taken in accordance with the scheme of delegation. Neither the SABs nor police, if involved, can require the employer to suspend the professional.

5.3.4 In each case the manager must ensure that:

- the level of risk to adults is properly considered and managed.
- all alternative options and the consequences of any immediate action taken (for example, suspension) are considered.
- action is taken in the best interests of all concerned, includes a risk assessment and is defensible
- employment procedures (for example a disciplinary investigation) are appropriately followed.
- HR advice is sought.
- the employee who is subject of the allegation receives appropriate support, understands the procedures that will be followed and is kept informed of the progress of the case.

5.4 Taking action when the allegation is against a health professional

When there is a serious allegation against a health professional the Clinical Commissioning Group, or from April 2022 the Integrated Care Board, Safeguarding Team should be informed. Whenever an allegation is made against a General Practitioner this should be reported to the ICB/ ICB Head of Safeguarding

5.5 Service commissioners and regulators

5.5.1. Service commissioners and regulators are expected to -

- Use their contract compliance and regulatory processes to ensure that service providers have the right internal policy and procedural frameworks, and respond appropriately to manage risk in individual cases,
- Monitor the activities of commissioned services in their compliance of this Framework.
- Record the information and decisions clearly, including the rationale for any decision made.
- Maintain records in line with internal agency record keeping policies and requirements.

6. Case examples

Case example 1

A 39-year-old woman is subject to longstanding domestic abuse risks from her partner. Children's Services become involved due to potential impact on the couple's children. As part of their assessment, they identify that the woman works as a care assistant in a care home for older adults with dementia.

Children's Services consider the adult position of trust issues and framework. Children's Services are the information owner and think through whether they have a duty to make a disclosure to the woman's employer. Children's Services decide that disclosure is not proportionate in the situation – the woman is in a very difficult domestic situation, is engaging well with Children's Services to take steps to protect her children, and there is no evidence that either she or the abuse in her relationship would pose a likely risk of harm to the adults in the care home where she works.

Children's Services have a discussion with the woman and inform her that they will not be disclosing information to her employer but encourage her to tell her employer herself. The woman agrees to inform her employer about her home situation so that her employer can make a risk assessment and provide support for her in the work environment.

Case example 2

A doctor employed in an NHS hospital is arrested by Police for historical child sex offences. The doctor works with a range of adults, some of whom will have needs for care and support.

The Police are the information owner and decide they do need to disclose the information to the NHS Hospital Trust as the employer of the doctor. The Police inform the NHS Hospital Trust about the arrest for historical child sex offences and notify the Care Quality Commission as regulator and the local Clinical Commissioning Group as the commissioner of the hospital trust.

The NHS Hospital Trust acts on the information and decides to suspend the doctor immediately. Their disciplinary process is placed on hold while the Police investigation progresses.

Case Example 3

BCP Council receives a safeguarding adult referral from a neighbour of an older woman. The concern relates to allegations that the woman's daughter is abusing her physically and emotionally.

The Council makes enquiries under Section 42 of the Care Act, and as their enquiries progress, they find out that the daughter lives in Hampshire and works as a carer for a homecare agency serving adults in that area

BCP Council is the information owner and decides that - due to the nature of the severe nature of the alleged abuse, that the daughter works with adults of a similar age to her mother, and that she works unsupervised with them in their own homes – they need to disclose the information and allegations to the daughter's employer.

By this stage of their enquiries, the daughter is aware that concerns have been raised about the way she treats her mother, so the Council tries to engage directly with the daughter to provide her with an opportunity to disclose to her employer, or to gain consent to share the information. The daughter refuses to do this, so the Council states they are sharing the information without her consent and make the disclosure directly to the registered manager of the homecare agency.
BCP Council notifies Hampshire Council and the Care Quality Commission. Hampshire Council and the Care Quality Commission can follow up the issue with the homecare agency (under contract compliance/ regulatory processes) to gain assurance that the agency has risk assessed the issue properly and managed any identified risk to users of the service.

Appendix 19 – Practice Guidance of attendance of Solicitors at SA meetings

Practice Guidance on Attendance of Solicitors at Adult Safeguarding Meetings

Summary
The Enquiry Planning Meetings (EPMs) and Enquiry Review Meetings (ERMs) are not a legal process. Therefore, it is not a forum for legal representatives of service providers to attend. A separate meeting may be convened for legal representatives to meet and discuss issues relevant to them. Any request for solicitors to attend a safeguarding meeting will be considered on a case-by-case basis by the Chair.

The Chair of the safeguarding meeting will determine whether it is in the adult's best interest. Key consideration points:

- It is necessary that the request to attend will be made by the service provider who wishes a solicitor to attend with them, in writing. On no account will a solicitor be permitted to attend in place of an organisational representative. A minimum of five days' advance notice is required.
- The Chair should make it clear at the start of the meeting that the safeguarding enquiry meeting is to safeguard the victim and not to attribute blame for what may have occurred.
- If a solicitor is permitted to be present during a safeguarding meeting this is on the strict understanding that they are there to support their client and not in a participative capacity in relation to the issues discussed at the meeting.

Appendix 20 – Memorandum of Understanding – Dorset Police and Partners

Multi-agency working – combatting scams, rogue traders, bogus lotteries and fraud

1. INTRODUCTION

1.1 This Appendix describes how agencies recognise and respond to organisational fraud, postal, telephone or internet scams, rogue trading, bogus lotteries and related crime which is designed to exploit people for monetary gain.

1.2 It explains the crimes referred to, the context in which they occur and how agencies should work together to combat them. It applies to close multi-agency working between Bournemouth, Christchurch and Poole Council and Dorset Council Trading Standards, Adult Social Care and Dorset Police. All scams are crimes and all agencies that are members of the two Safeguarding Adults Boards have responsibilities to help their staff identify where they can be uncovered and responded to.

2. FINANCIAL ABUSE, SCAMS AND THE CARE ACT

2.1 Section 42 of the Care Act states that where a local authority has reasonable cause to suspect that an adult in its area –

a) Has needs for care and support (whether or not the authority is meeting any of those needs),
b) Is experiencing, or is at risk of, abuse or neglect, and
c) As a result of those needs is unable to protect him or herself against the abuse or neglect or the risk of it.

2.2 The local authority then must make whatever enquiries it thinks necessary to enable it to decide whether any action should be taken in the adult's case and, if so, what and by whom.

2.3 Section 42 clearly states that abuse includes financial abuse; and for that purpose, 'financial abuse' includes:

- Having money, or other property stolen,
- Being defrauded,
- Being put under pressure in relation to money or other property, and
- Having money or other property misused

Added to this, the most recent edition of the Statutory Guidance to support local authorities implement the Care Act, recognises that trading standards have a valuable contribution to make in ensuring adults are safeguarded.

2.4 Internet scams, postal scams and doorstep crimes are often targeted at adults at risk and all are forms of financial abuse. These scams are becoming ever more sophisticated and elaborate. For example:

- Internet scammers can build very convincing websites
- People can be referred to a website to check the caller's legitimacy, but this may be a copy of a legitimate website.
- Postal scams are mass produced letters which are made to look like personal letters or important documents.
- Doorstep criminals call unannounced at the adult's home under the guise of legitimate business offering to fix a non-existent problem with their property. Sometimes they pose as police officers or someone in a position of authority.

In all cases this is financial abuse and the adult at risk can be persuaded to part with large sums of money and in some cases their life savings. These instances should

always be reported to the local police service and the local trading standards service for investigation.

CONTEXT

3.1 The themes dealt with in this Appendix are of current and growing concern. Please see here for detail about various types of scamming and the scale scam-booklet-final-draft.pdf (tradingstandards.uk)

3.2 Reasons for this are varied but will include increases in the numbers of adults living alone, more who are living with dementia (impacting on a adult's ability to manage their own finances) as well as the more prevalent use of the internet. In a recent study 15% of family carers reported that the adult they cared for was known to have been subject to some sort of financial abuse. More worrying was that 62% said the cared for person had been approached by unscrupulous cold callers or salespeople. It is estimated that 53% of those aged 65 or over have been targeted.

3.3 The average age of a person being scammed is 75 years old and it is estimated there may be up to 750,000 victims. Scamming takes many forms – doorstep sales, clairvoyants, fictitious lotteries and prize draws being amongst the most prominent.

3.4 The major danger for the person approached lies in making the first response. That will inevitably lead to the criminals in receipt of personal details selling these on to others and relentless targeting the adult via all communication means possible.

3.5 Unlike other crimes, scams and other frauds require the cooperation (the willingness to part with their money) of the victim and this can have a profound impact on the relationship between the person and the perpetrator. Adults can make bad decisions and will sometimes recognise this, but their initial commitment may make it harder to then withdraw. Despite the profiling above about the numbers of older people, everyone has a capacity to make irrational decisions and anyone can become a scam victim. The fact that it is, in the main, older adults simply reflects on how they are more likely to be unprotected or unsupported and may be more removed from social networks which could provide some checks and opportunities for discussion.

3.6 Scamming is about technique:

- It masquerades as social marketing
- It relies on persuasion
- It may be aimed at a mass market to trawl whoever it can
- It may carry messages of authority or flattery – 'a special message from Prince…'
- It may carry a message to encourage the person to like the sender
- It will inevitably carry a message of urgency and secrecy – 'you are specially chosen' or 'speed is critical to take advantage of this offer'

3.7 It is thought that some messages are deliberately 'dumbed down' to ensure receptivity by those who may be most open to simpler messages.

4 AGENCY ACTIONS

4.1 During their routine work, staff from Trading Standards, Adult Social Care and Dorset Police, as well as those from other agencies, will meet adults who may be at risk or in need of safeguarding. This Appendix provides guidance about how to identify and deal with the offences described here as well as with the safeguarding processes and concerns.

4.2 It also provides guidance to those staff about what to do when information of an incident or concern about safeguarding is received. Staff are reminded that they should follow

the Multi-Agency Procedures for the Protection of Adults with Care and Support Needs in the Bournemouth, Christchurch and Poole Council and Dorset Council areas (revised and reissued August 2018)

4.3 The expectations on agency staff are as follows.

5. TRADING STANDARDS

The responsibilities of Trading Standards officers are:

5.1 When encountering a concern that may be considered as safeguarding Trading Standards services will act as any other agency would and contact Adult Social Care/ Helpdesk

- [1] if the person meets the criteria (see Definitions and contact details at the end of this Appendix)

and/or

- if the person appears to need social care services
- when the person appears to need support to stop the abuse or be protected from further abuse and they cannot provide this protection for themselves.
- if there may be other adults at risk from the same alleged perpetrator
- where there are signs and symptoms that other types of abuse may be occurring or may have occurred.
- Trading Standards officers can follow up referrals in writing if necessary.

This service is provided for referrals from professionals and care agencies. It is appropriate to contact staff to talk about concerns and in circumstances even where there is uncertainty about whether to make a referral or not. This will help determine the next steps to be taken.

5.2 Protect the adult at risk and alert the emergency services if necessary

5.3 Discuss with the adult at risk about who will be informed and why. It is always advisable to seek permission from the adult at risk to pass information to social care/mental health services or the police. However, it should be noted that confidentiality and consent is not absolute. See **Appendix 9**.

5.4 Inform the Police if a crime is suspected or is known to have been committed.

5.5 Take the account of the person seriously. Be alert to the need for, and have regard to, current guidance when the first contact is made with witnesses who may require additional support.

Where necessary, the Trading Standards Officer will complete an intelligence log.

6. ADULT SOCIAL CARE STAFF

6.1 Staff from Adult Social Care should contact Trading Standards and Dorset Police where it is suspected or known that a trader's behaviour may give rise for concern. This includes:

- Any traders suspected of offering goods or services fraudulently;
- An adult who might be perceived as being at risk is dealing with a trader in their own home;
- Where an adult at risk has been threatened or intimidated in any way by a trader;
- Where an adult at risk has been, or is being, escorted to the bank by a trader to withdraw money;
- Where the price quoted for work appears inflated and excessive or the initial price quoted has increased dramatically;

- Where the trader has identified additional work and is requesting more money;
- Where a verbal or written contract has been agreed in the home, or consumer's place of work, for goods or services over £42 and the trader has not given a written cancellation notice, or the trader has refused or 'forgotten' to give the adult at risk any paperwork when requested;
- Where a trader 'cold called' to gain work, and especially in the high-risk areas of roofing, guttering, fascia's, driveways, other general building or gardening work;
- Where it appears that there is a lottery, bank or dating scam whether by way of mail, phone calls or the internet;
- Where a consumer responds to 'junk mail'. Large quantities of mail may be an indicator of concern.
- Where there is concern that on-line crimes (cyber scams) are being committed.

- The list above is not exhaustive but aims to give an indication about where financial abuse may occur.

6.2 Trader includes any person who contracts with the consumer (if in doubt contact the relevant Trading Standards office).

7. DORSET POLICE NOTIFICATIONS TO TRADING STANDARDS

7.1 Dorset Police should contact Trading Standards officers where it is suspected or known that a trader's behaviour may give rise for concern. Examples of this can be found in Annex 1 of this appendix.

7.2 The responsibilities of Dorset Police officers:

- Attending officer takes details.
- A call is then made to the relevant Trading Standards to inform them of the circumstances.
- A discussion will take place to negotiate about which agency takes primacy for the investigation.
- If a victim has been identified as potentially at risk, the attending police officers will complete a PPN form containing as much detail as possible about the circumstances and the suspect(s). The Multi Agency Safeguarding Hub (MASH) at Dorset Police will submit a referral to Adult Social Care using the PPN form.

8. CONFIDENTIALITY and INFORMATION SHARING

8.1 If the adult concerned can consent to agree to information being shared, this should be obtained where a disclosure has been made.

8.2 A person may positively refuse to give consent to disclosure, or his/her consent may be absent. A person's right to confidentiality is not absolute and may be overridden where there is evidence that sharing information is necessary in exceptional cases because:

- A criminal offence has been or is likely to have been committed or
- The service user or someone else may be in imminent danger or
- There is a risk to health /wellbeing – physical or mental health or
- There are concerns about adult abuse/ neglect.

8.3 Consideration should be given to consulting colleagues where the disclosure of information without the person's consent is being considered. See also Appendix 9 of the Multi-agency Safeguarding Adults Procedures.

9. GUIDANCE

9.1 Guidance produced by the Association of Directors of Adult Social Services, (ADASS), the Local Government Association (LGA) and the National Trading Standards Scams Team "Financial Abuse and Scams" refers to the difficulty there may well be in talking with a person who has been scammed or defrauded. It offers advice about how to raise and discuss the issues with the person. This is reproduced at Annex 3.

CONTACT DETAILS

Dorset Police:
Telephone – 999 (in an emergency) or 101 to report a crime or an incident requiring immediate safeguarding.

Multi-Agency Safeguarding Hub (MASH) – 01202 222229
E mail- (preferred means of contact) mash@dorset.pnn.police.uk

Dorset Council Trading Standards:
East Annexe, County Hall, Colliton Park,
Dorchester, DT1 1XJ.

Office hours: Monday to Thursday 9:00 to 17:00; Friday 9:00 to 16:00.
Duty line: 01305 224702
Emergency out of hours: 07966 800 326
Email (secure to PNN/PSN standards): tradingstandards@dorsetcouncil.gov.uk

Adult Social Care
Adult Access ☎ 01305 221016, email adultaccess@dorsetcouncil.gov.uk
Out of Hours - Social Services
Evenings and Weekends: ☎ 01305 858250

BCP Council Trading Standards

Opening hours 08:30-17:15 Monday to Thursday
08:30- 16:45 Friday
Telephone number 01202 261700
E mail address tradingstandards@bcpcouncil.gov.uk
(Police only telephone line 01202 451400)

Adult Social Care
In BCP contact
Adult Social Care Contact Centre by email asc.contactcentre@bcpcouncil.gov.uk
· Or phone☎ 01202 123654 for Bournemouth, Christchurch and Poole
Out of Hours - Social Services
Evenings and Weekends: ☎ 01202 657279

FRIENDS AGAINST SCAMS
This national initiative aims to break the silence around being affected by scams and other types of similar financial fraud. Anyone can become a friend against scams, gaining the confidence to spot a scam and those affected by scams, report scams and have the confidence too to talk about scams with other people. To become a friend, complete the simple online training at www.friendsagainstscams.org.uk

Annex 1

CASE EXAMPLES

Examples of cases where Trading Standards Service may act and support.

Mrs 'H': 79yrs £1200
At the time she was targeted by bogus property repairmen, Mrs H was suffering from memory loss and had difficulty remembering recent actions. From what can be established, she was cold-called by bogus property repair men and persuaded to pay £1200 in cash upfront for some work to her garage – for which the offenders took Mrs H to the bank to collect the money. Mrs H's neighbours became concerned at what was going on at the property and called her daughter, who alerted the Police. The attending PC then contacted Trading Standards. Although there was no sign of the offenders at the time of the PCs arrival, it was apparent that such work as had been carried out by the offenders was done very badly, with large amounts of debris and rubble strewn around the front garden. It transpired that the offenders had attempted to get more money from Mrs H that day.

Mr 'G': 43yrs £25,000+
Mr G has a learning disability and was repeatedly targeted by scam prize draw mail amounting to approximately 100 letters a month. Mr G felt obliged to open the mail and regularly responded to claim the prize winnings. It is not known how much money Mr G had parted with in total for the mail scams, but it is believed to be more than £5000. Recently Mr G has received telephone calls relating to what he was told was his American lottery win of £3,500,000. Carers became aware of Mr G's visits to international cash transfer facilities at a local convenience store where money was regularly transferred to meet bogus administrative and US Government requirements prior to the release of his lottery winnings. It is believed that Mr G has parted in total with a further £20,000 to secure his lottery win.

Mr 'T': 70Yrs £2000+
Mr T was persistently cold called by what was believed to be an extended family of doorstep traders who regularly offered to undertake small household jobs that appear to have been charged at greatly inflated prices. Investigation by Trading Standards found a pattern of financial abuse for alleged work that was impossible to prove was ever needed. In fact, anecdotal evidence suggests that faults were introduced to Mr T's property by the cold callers prior to agreeing verbal contracts for its repair. The first steps taken by Trading Standards was to formally write in Mr T's best interests to all those involved advising them not to visit Mr T's property again. Once this letter was issued it was then a specific criminal offence for the traders to return. This stopped the persistent calls immediately while Trading Standards investigated the potential criminal offences.

Annex 2

POLICE OPERATIONS

Operation Luna (now more commonly referred to as "Courier Fraud")
Operation Luna is the Dorset response to a national form of courier fraud, targeting elderly victims. Offenders telephone the victim, purporting to be a police officer or from a bank. They tell the victim that their bank account has been targeted, and they must transfer the money into another account (set up by the offenders) or withdraw the money and give it to a courier who is sent to their address.

This crime is occurring nationally, and Dorset Police have a plan in place to deal with such reports.

Operation Liberal
This relates to distraction burglary which often affects those more isolated or otherwise at risk. Offenders fabricate a story, for example claiming to be from a public organisation or looking for a lost dog or ball to enable them to gain access to homes.
Closely linked are deceptions carried out by those undertaking building or gardening work who charge exorbitant amounts for shoddy or at times no work.
There is substantial evidence that most offenders will travel large distances to commit their offences, which makes it more difficult to apprehend them.
Operation Liberal is a national initiative, involving all 43 Police forces in England and Wales, which is specifically designed to tackle this type of offence.

Dorset Police have a plan in place to deal with such reports.

Operation Montana
Operation Montana is the South West Regional response to offences of Distraction Burglary and Rogue Trading (commonly known as Artifice Crime). It is part of Operation Liberal, which offers a national co-ordinated approach to the investigation of these crime types.

Dorset Police have a plan in place to deal with such reports.

Annex 3 – Top tips for social care and health practitioners

Ensure you are aware of scams

There is an excellent on-line training session (which takes no more than 40 minutes to complete) at www.friendsagainstscams.org.uk You could also ask for a member of your local Trading Standards Teams to come and speak at you next local team meeting which will give you a real idea of the work being undertaken locally and how you could link in and support this.

Be able to look out for the signs of someone who may be responding to scams

Identifying scam victims can be difficult as they:

- May be aware of their victim's status
- Are instructed to remain quiet by the criminals
- Feel guilt, shame or are in denial
- Fear that they will lose their social or financial independence if they tell their friends or family
- Don't want to lose their 'friendship' with the criminals

There are some key signs to look out for by observing a victim's behaviour or when visiting their home:

- High volume of scam mail
- Hoard large quantities of 'worthless' goods & cheap 'tat'
- Be living in shocking or unsanitary conditions
- Poor personal hygiene
- High usage of chequebooks or debit/credit cards
- Frequent visits to the Post Office
- Not paying bills or buying food

- Deceitful about scam protection
- Increasing isolation from friends / family
- No support from family / friends or anyone to confide in
- Receives a high volume of phone calls
- Become extremely distressed, angry or aggressive to learn that they are a scam victim
- Feel ashamed or embarrassed at what they have not done
- After a period of grooming, have strong emotional ties with the scammer.

Appendix 21 – Guidance for dealing with disputes and conflicts of opinion

Guidance for dealing with disputes and conflict of opinion

1. Introduction

Whilst this guidance is designed to resolve difficulties and therefore needs to be used as required, nothing must be done which jeopardises immediate attention to the safety and wellbeing of an adult at risk of harm. That immediate action will always be a priority.

The document references a list of potential areas of disagreement. The list is not exhaustive. The guidance is to be followed when disputes cannot be resolved through discussion and negotiation between practitioners at the level of their involvement in a case. It is not designed to address disagreements between practitioners within a single agency about whether to raise a concern or not. This type of disagreement will be resolved within the single agency.

2. Potential areas of disagreement

- The local safeguarding team have a different view about how to respond to a concern which has been raised with them from the person who raised it.
- There is disagreement about whether to share some information and/ or about the provision of services.
- There is disagreement with Dorset Police colleagues about whether a criminal investigation should be pursued.
- There is disagreement about the outcome of any assessment and whether the appropriate action plan and/ or review arrangements are in place to safeguard the welfare of the adult at risk.

3. Preventing disputes

It should be possible to resolve almost all disputes by discussion and negotiation and this approach is required by these Procedures as the first option. The practitioners involved should attempt this resolution within one working day. If they remain unable to resolve their differences, then the disagreement must be reported by each of them to their line manager or equivalent.

It is expected that for almost all day-to-day type issues the relevant line managers will resolve the disagreement through a review of the available information and taking account of the perspectives of those who raised the concerns with them. They must attempt to do so within one working day. The details of the dispute and the dialogue between the respective line managers, or those to whom they have delegated responsibility, must be recorded.

4. Informal dispute resolution

Where it proves not possible to resolve the matter at the first-tier management level, the matter must be referred, without delay and ideally within one working day, to the second-tier management level.

If the matter in dispute, is one related to operational practice, rather than of a strategic or policy nature, then the clear expectation is for it to be resolved at this second-tier management level.

The same responsibility for recording the resolution of the dispute must be adhered to as at the previous lower levels.

5. Formal dispute procedure

If, despite following the Informal dispute resolution procedure, the disagreement remains, the matter will be referred to the appropriate Adult Social Care Head of Service and equivalent within the agency with which the dispute has arisen. Escalation to this level should be made within one working day. Any email relating to the dispute must be clearly marked as “Formal escalation under the SAB Procedures”.

Heads of Service and their equivalent will recognise that it is incumbent on them to determine a way forward which promotes the wellbeing of an adult at risk above all else.

6. Where disagreement remains

In the most unlikely event that the practitioner disagreement remains unresolved, having passed through each of the preceding stages the matter must be referred to the Director of Adult Services and their equivalent within the agency with which the dispute has arisen. Both will ensure that the Independent Chair of the local Safeguarding Adult Boards is aware of the matter within one working day.

A decision at this tier of the dispute must be made within one working day and communications must be marked, as under 5 above. Also, consistent with practice at the previous stages, all decisions must be recorded and feedback about the decision will be provided without delay.

Clearly there will be resolution at this point but there must also be reflection about why it was not possible to resolve the dispute at an earlier stage and what lessons there are to be learnt. In extreme cases it may be necessary to hold a multi-agency review.

At this stage, as in all previous stages, the principle of dispute resolution is, as always, to ensure the wellbeing of the adult at risk.

7. **Review**
This guidance will be reviewed within one year of implementation to try and ensure that it is working as effectively as possible.